

You may not register for a course using tuition waiver prior to the first day of class. Waiver is invalid if you are pre-registered and a payment invoice has been generated by the Office of the Bursar.  
Class size will not be increased to allow for enrollment of employees under the Tuition Waiver Policy.

**Section I – Personal & Employment Information**

|                   |           |            |                 |              |
|-------------------|-----------|------------|-----------------|--------------|
| Full Name         |           | Email      |                 | RU ID Number |
| Work Phone Number | Job Title | Department | Supervisor Name |              |

**Section II – Enrollment Information**

|  |   |
|--|---|
| <p>Student Status</p> <input type="checkbox"/> Undergraduate<br><input type="checkbox"/> Graduate<br><input type="checkbox"/> Non-Degree-Seeking | <p>Term/Year of Requested Waiver</p> <p>Fall   Wintermester   Spring   Maymester   Summer   Fast-Track Term</p> <p style="text-align: center;">I   II   III</p> <p style="text-align: center;"><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><u>IMPACT</u></p> <p>Start Month _____ Academic Year _____ - _____</p> <p>Start Year _____</p> |
| Name of Degree Program (if applicable)   |   |

**Section III – Course Information**

[Enter course information exactly as it appears in the Academic Affairs Course Catalog](#)

|   |  |                  |
|---|--|------------------|
| Course Name   | Prefix & Number (i.e. HIST 360)  | Reference Number |
| <p>Are you taking this for credit?</p> <input type="checkbox"/> Yes, how many? _____<br><input type="checkbox"/> No | <p>Class Schedule</p> <p>Monday   Tuesday   Wednesday   Thursday   Friday</p> <p>_____</p> |                  |

**Section IV – Certification & Approval**

**EMPLOYEE CERTIFICATION:** I request waiver of tuition for the above course. I have read, understand, and qualify for this waiver under provisions of the Employee Tuition Waiver Policy HR-PO-1404.

**Further, I understand that enrollment in graduate courses that exceed the IRS allowable educational benefit allowance will be included as a taxable fringe benefit income on a calendar year basis and I may be subject to federal and state taxes.** For questions on taxable fringe benefits please consult the [Tax Compliance Office](#).

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**SUPERVISOR APPROVAL:** The scheduling of this course will not interrupt or impede the normal work schedule of this department. This employee will make up the work time used to attend the class requested. I have discussed with this employee how s/he will make up work time to attend this class by schedule adjustment during the work week in which work time is missed or using personal leave balances at my discretion. The employee may use leave without pay if elected. The employee has my approval to take this course.

Further, I certify that if the employee is an Adjunct Faculty member, s/he is also being paid to teach and/or work during the same session as the class requested.

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Name (Printed) \_\_\_\_\_

**HUMAN RESOURCES:** The employee named in this request meets eligibility criteria and is approved in accordance with the Tuition Waiver Policy.

Authorized HR Signature \_\_\_\_\_ Date \_\_\_\_\_