OSU-Oklahoma City

Request for Adjunct Employee Tuition/Fee Waiver Benefits

Note: Please read the Employee Training and Educational Assistance Policy. This policy allows waiver of ½ tuition and fees for up to 3 credit hours per semester. In addition, request can be made for the second half of tuition and fees upon completion of course(s) and verification of grade to the Financial Aid Office.

| Step #1-Complete Information | 1 | | | | |
|---|--|--|-----------------------------|--|--|
| Employee's Name: (Please Print) | | CWID: | | | |
| Semester/Year of Request: | | | | | |
| Information on Course(s)-Obtain fro | om catalog o | or schedule. Enter | information here. | | |
| Course Title: | Prefix: | Course Number: | #Credit Hours | | |
| | 1 101111 | Course Harrison | - Welloak Floars | | |
| | | | | | |
| | To | tal Credit Hours: | | | |
| I understand that I am responsibleI understand that if I do not comple a grade of 'C', I will be responsible for paying courses. Regular student rules will apply complete the paying courses. Signature: | ete the course(ng the 2 nd half oncerning unpa | s) in which I have req of the tuition and fees aid balances. | uested a waiver with at lea | | |
| Step #2-Obtain Department He | | | | | |
| Department Head's Signature: | | | _ Date: | | |
| Step #3-Obtain Confirmation L | by Human I | Resources: | | | |
| Eligible Not Eligible _ | | | | | |
| HR Representative Signature: | | | Date: | | |
| Step #4-Obtain Approval by F | inancial Ai | id Office: | | | |
| Verification of hours enrolled: | Do | Dollar amount of tuition waiver: \$ | | | |
| FA Representative Signature: | | Date: | | | |

OSU-Oklahoma City

Request for 2nd half of <u>Adjunct</u> Employee Tuition/Fee Waiver Benefits

<u>Submit this request to the Financial Aid Office only after</u>

<u>completion of the course. Form must be submitted no later</u>

<u>than two weeks after final grade is posted.</u>

<u>Late forms WILL NOT be processed.</u>

| Employee's Name: (Please Print) | | | | | | |
|---|-------------|-----------------|---------------|--|--|--|
| Semester/Year of Request: | | | | | | |
| Step #5-Obtain Confirmation by | / Human F | Resources: | | | | |
| Eligible Not Eligible | | | | | | |
| HR Representative Signature: | | | Date: | | | |
| Step #6-Obtain Verification of C | Grade fro | m Financial Aid | Office | | | |
| Information on Course(s)-Obtain fror | m catalog o | or schedule | | | | |
| Course Title: | Prefix: | Course Number: | #Credit Hours | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| I have completed the course(s) abortuition and fees be waivedI am submitting this form onbeen posted. | | - | | | | |
| Employee's Signature: | Date: | | | | | |
| Financial Aid Grade Verification: | | | | | | |
| | | | | | | |
| Representative Signature: | | | | | | |