

Shepherd University

EMPLOYEE UNDERGRADUATE TUITION WAIVER APPLICATION

Employee's Name: _____ Student ID#: _____

Semester/Academic Year: _____

Employee's Signature: _____ Date: _____

Employee's Supervisor's Signature: _____ Date: _____

Proposed Courses (Six Hours Maximum)

CRN# *	SUBJECT	CRS. NO.	SECTION	TITLE	CREDIT	AUDIT	TIME

If taken for Pass/Fail, please contact the Registrar's Office.

*The CRN must be entered before class registration can be processed.

To be eligible for an employee tuition waiver, a Shepherd University employee must have been in full-time (benefits eligible) status with the University for no less than six consecutive months by the first instructional day of the semester that the waiver is to be in effect.

Date of beginning of full-time employment (as verified by HR): _____

Name and Title of HR Verifier: _____

Signature of HR Verifier: _____ Date: _____

NOTE: If you were not enrolled for classes the previous semester and you are a degree seeking student, you must submit an Application for Admission (available in the Admissions Office). If you are a special non-degree student you must complete the non-degree student Registration Form (available in the Registrar's Office). You may be required to list the cost of this class(es) as income on your Federal Income Tax Forms. If you are a Graduate Student, please see the Graduate Office for a Graduate Waiver.

RETURN THIS FORM TO THE REGISTRAR'S OFFICE BY THE FOLLOWING DEADLINES:

Fall Semester – August 1

Spring Semester – December 1

Summer – May 1