

**Shepherd University - School of Graduate and Professional Studies  
Petition for Employee Waiver of Tuition (Shepherd University)**

Date Received by Graduate Studies: \_\_\_\_\_ (Office Use Only)

Semester (one form per semester): Fa Sp Su Year: \_\_\_\_\_

Name: \_\_\_\_\_ Student Identification #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email (Shepherd student or staff email): \_\_\_\_\_

Phone: \_\_\_\_\_

Directions: Use this form if you are a full-time employee of Shepherd and have been employed for a minimum of 6 months prior to the first day of classes in the semester for which you want to apply the waiver. ***Please have the Human Resource Office verify your employment before emailing the form to Graduate Studies ([graduate-studies@shepherd.edu](mailto:graduate-studies@shepherd.edu)).***

**Deadline for full consideration: Fall Semester – July 1; Spring Semester – November 1; Summer – March 1  
Missed deadlines may result in denial of request.**

Degree Program Enrolled: \_\_\_\_\_

Credit Hours Requested: \_\_\_\_\_



**Human Resources Use Only**

Date of 6 month minimum met which must precede first day of semester requested: \_\_\_\_\_

Name and Title of HR Verifier: \_\_\_\_\_

Signature of HR Verifier: \_\_\_\_\_ Date: \_\_\_\_\_

***Electronic signatures may be used when submitted to the School of Graduate and Professional Studies.***

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**To be completed by Graduate Studies**

Enrolled Credits: \_\_\_\_\_

Completed Credits: \_\_\_\_\_

GPA: \_\_\_\_\_

Approved:    1    2    3    4    5    6                       Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provost and VP for Academic Affairs