

THE UNIVERSITY OF TENNESSEE
Employee Request for Course Approval and Waiver of Fees

This form is used to request approval to enroll in courses for credit in accordance with the Educational Assistance (Fee Waiver) Policy No. 330.

INSTRUCTIONS: Please complete Sections I and II and forward to your Human Resources Office at least 20 days prior to registration to ensure adequate time for processing. The approved form will be returned to you.

You will be charged pro rata fees if you: 1) Are employed less than 100% full-time, and/or 2) Register for hours in excess of the fee waiver benefit.

NOTE: You will be responsible for payment of late registration fees if this form is not submitted by the payment due date.

I. Employee—Please complete this section as applicable.

_____ Employee Name (please print)	_____ Personnel No.	_____ Campus/Office Address	_____ Campus/ Office Phone No.
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Distributions:

_____ Department	_____ Cost Center/WBS	_____ Percent of Effort
_____ Department	_____ Cost Center/WBS	_____ Percent of Effort
_____ Department	_____ Cost Center/WBS	_____ Percent of Effort

I hereby request approval for waiver of _____ (may not exceed 9) hours of credit during the
(number)
_____ term _____ at the _____ Campus.
(Summer/Fall/Winter/Spring) (year)

Employee Signature _____ **Date:** _____

Retired from UT _____ on _____ with 10 or more years of full-time/
part-time _____ service. If part-time, provide percent of effort: _____

II. DEPARTMENT HEAD—Please complete this section. (Retirees omit this section.)

I approve this request. Satisfactory work schedule arrangements have been made to ensure that this employee will complete a full work schedule based on his/her percent time.

Dept. Head Signature _____ **Date:** _____

III. HUMAN RESOURCES—Complete this section.

Regular Continuous Service Date: _____ Percent
Full-time: _____

Approved: _____ Date: _____