Name:_____ **Employee ID Number**:_____

◯ Exempt Employee ◯ Classified Employee FTE:_____

Scholarship hours already awarded this Fiscal Year:

(Fiscal Year = Summer, Fall, Spring)

Note: Those who have taken advantage of the employee scholarship this fiscal year must turn in their grades prior to consideration of this application.

Grades turned in to HR? ◯ Yes ◯ No

Semester in which waiver is to apply: ◯ Summer ◯ Fall ◯ Spring

Purpose of Class:(Check all that apply)

- ◯ Career Development/Job Enhancement (Supervisor must complete certification section)
- ◯ Degree Seeking: Degree Type:_____ Major:_____
- ◯ Personal Enrichment

Time to be taken: (Check all that apply)

- ◯ Personal Time
- ◯ Annual Leave
- ◯ Flex Time (Alternative work schedule)
- ◯ Education Leave (signature of Provost, Asst. Provost or VP of your organizational Unit is required _____

Courses requested:

Call Number	Dept.	Course No.	Course Title	Cr.Hr.	G/UG
					Graduate Undergraduate
Day(s): M T W TH F		Time of Class:			
					Graduate Undergraduate
Day(s): M T W TH F		Time of Class:			
					Graduate Undergraduate
Day(s): M T W TH F		Time of Class:			

_____

Employee Signature Date

Supervisor Certification:

I hereby certify that the courses identified above are directly related to the employee's job and will benefit him/her in the job as follows:_____

_____

_____

I hereby approve leave as follows:

- ◯ Flex Schedule:
- ◯ Annual Leave: _____ Hours
- ◯ Personal Time
- ◯ Education Leave

_____

Supervisor Signature Date