

STAFF REGISTRATION REQUEST

- The Staff Registration Request must be completed prior to registering for classes.
- Eligible employees and their spouses may register for a maximum of six (6) credits in a semester or three (3) credits in the summer session under the terms of this benefit.
- These reduced-rate educational privileges are not available to employees or their spouses who are full-time students (12 or more credits per semester). The total of reduced rate and normal rate credit hours shall not exceed 11 hours per semester.
- Spouses pay normal part-time credit hour fee for courses in excess of those approved by supervisor.
- See policy 3.130 for more information.

Name of Individual Requesting Waiver: _____

Individual's Student I.D. Number or Last 4 Digits of Social Security Number: _____

If Spouse Requesting Waiver, Name of Employee: _____

Employee's Student I.D. Number or Last 4 Digits of Social Security Number: _____

<u>Title of Employee:</u>	<u>Department:</u>	<u>Status/Hours Worked Per Week:</u>
_____	_____	IH on Benefits: _____
		Part-Time: _____
		Full-Time: _____

Institution Attending:	Class(es) Registering for:	Day(s) of Class:	Time(s) of Class:	# of Credits:	Semester: (circle one)	Year:
_____	_____	_____	_____	_____	Spring/Fall/Summer	_____
_____	_____	_____	_____	_____	Spring/Fall/Summer	_____
_____	_____	_____	_____	_____	Spring/Fall/Summer	_____

Are any of the above courses conducted during your regularly scheduled work hours? yes no
If yes, attach a written agreement between you and your supervisor to make up the lost work time.

Approvals (PLEASE OBTAIN IN ORDER LISTED BELOW)

 Department Head/Director Date

 Dean Date

 Provost/Vice President/President Date

 Human Resource Services Director Date

Supervisor Comments (if any):