## ROSE STATE COLLEGE

## **Employee Request for Tuition Benefit** (Six Student Credit Hour Maximum per Semester)



Student/Employee Name:					
Employee ID Number:	Foll 20	Spring 20	Summer 20		
	Fall 20	Spring 20	Summer 20		
Course Prefix <u>&amp;</u> Number	Class #	Course Name			
		_			
hours per summer semeste tuition waiver can be rener to the transfer of the tr	or for regular wed if the emoly to workslees are waits are respondent and book and required to pd. I understa	Rose State College aployee's academic hops, audited coursed for employees, leads for paying the disemester schedule arovide to the Office and and accept the terms.	ix credit hours per regular seme employees (employed 50 perce record is in good standing.  ses, repeated courses, or non-but employees are required to pese fees in accordance with the books.  of Admissions official transcriperms of this fee waiver and have the ses    No	credit courses.  eay all other mandatory the payment schedule  apts from colleges and	
Academic record is My work schedule	s in good star		es No ot interfere with work schedule)		
Employee's Signature		Date	Supervisor's Signature	Date	
REGISTRAR'S VERIFI Total credit hours of		Meets Requ	uirements:  Yes No	(Remarks on back)	
Registrar's Signature		Date			
Vice President's/CIO's Signature		Date			
APPROVAL: Fees Wair	ved \$		_		
Vice President for Business Affairs' Signature			_	Date	