

Richmond Community College EMPLOYEE APPLICATION for COURSE TUITION WAIVER

Waiver To Be Completed by Employee:		
Name:	Employee Number:	
Course Title:	Course Number:	
Quarter/ Semester:	Beginning Date:	Ending Date:

<p>Type of Waiver:</p> <p><input type="checkbox"/> On Campus: Request for waiver of tuition</p> <p><input type="checkbox"/> Off Campus: Request for waiver of tuition (within the community college system)</p>
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Class Meets On: (day and time)						
MON	TUES	WED	THURS	FRI	SAT	
□	□	□	□	□	□	

To Be Completed by the Employee:	
<p>I request permission to enroll in the above-listed course. I understand that my tuition may be waived for only one course each quarter/semester in the community college system. I also understand that I will be responsible for the appropriate student activity fee for curriculum classes. I further understand that if I am absent from my work duties while in class, I will be required to make up the time according to the schedule below:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
Employee Signature:	Date:
To Be Signed by Employee's Supervisor:	
<p>The above employee has my approval to enroll in the above course during the time and dates stated.</p> <p>Signature: _____ Date: _____</p>	
To Be Signed by the President:	
<p>The above employee is hereby given consent to register for the above course at the time and dates listed.</p> <p>Signature: _____ Date: _____</p>	

CC: Employee
Business Office
Personnel File

Revised: 08/25/06