

EMPLOYEE FEE WAIVER APPLICATION

		Date		
FEE WAIVER APPLICATION FOR	() FULL- () PART- () RETIR	-TIME	REMENT	
Printed Name:Last	First	M.I.	EMPL ID#	
Employee Signature:				
() BGSU Employee (non-auxi () University of Toledo Main Academic Year: Semester	liary) () Campus ()	BGSU Auxiliary Serv University of Toledo	vices Employee Health Science Cam	
I certify that the above individual is an and wishes to enroll in course(s) during assigned work duties as an employee ar class section.	the term indicated	d above. The employe	ee's enrollment in the	e course(s) will not interfere with
DEPARTMENT NAME:		DEPART	MENT COST CENT	TER (DCC):
Department Chair/Area Head Approval	: <u> </u>		_	Date:
	FOR	R USE BY HUMAN F	RESOURCES	
() Permanent Part-Time. Works	hours/week	and is eligible for	credit hours duri	ng academic year.
APPROVED:				
OFFICE OF HUMAN RESOURCES				DATE

NOTE: This form must be completed for each semester.

Please send this form to the Office of Human Resources (OHR), 100 CPOB, for processing.

The fee waiver should be received in OHR eight (8) weeks prior to the first day of the semester for which the employee is enrolling. Late fees are the student's responsibility.