

[illegible]

() BGSU Employee (non-auxiliary) () BGSU Auxiliary Services Employee
() University of Toledo Main Campus () University of Toledo Health Science Campus (Faculty)

I certify that the above individual is an employee/retiree from the _____ Department and wishes to enroll in course(s) during the term indicated above. The employee's enrollment in the course(s) will not interfere with assigned work duties as an employee and it is understood that enrollment will not prevent regularly registered student from attending the class section.

Department Chair/Area Head Approval: _____ Date: _____

FOR USE BY HUMAN RESOURCES

APPROVED: _____ DATE _____
OFFICE OF HUMAN RESOURCES

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.