

**Louisiana Delta Community College
Office of Financial Aid
FACULTY/STAFF TUITION EXEMPTION REQUEST**

SPRING SUMMER I SUMMER II FALL

Eligibility and Instructions:

The tuition exemption program is available to all full-time employees who have been employed at least one year in a full-time permanent position and with approval from his or her supervisor and chancellor may register for job-related undergraduate or graduate courses at any LCTCS System campus for up to six (6) hours per semester and receive a full tuition exemption. **YOU MAY ONLY TAKE ONE CLASS DURING YOUR REGULAR WORK SCHEDULE. Not to exceed three clock hours per week.** Courses must be taken for credit. Fees cannot be waived for audit class.

All fees required for enrollment, except for tuition, shall be paid by the employee.

Please complete form, collect all signatures and attach semester class schedule. Return request form to the Financial Aid Office. A request form must be completed for each semester or summer session.

Employee	
Name (Last, First, M.I.)	SSN
Status <input type="checkbox"/> Faculty <input type="checkbox"/> Professional Staff <input type="checkbox"/> Classified Staff	How long in This position
Position Title: _____	Phone Number: _____
Department Where Employed:	

Course Registration			
Please give full name of course and credit hours, days and time course is scheduled. If you make a change, please submit a revised Fee Waiver Application.			
Course Name	Credit Hours	Days	Time
Course Name	Credit Hours	Days	Time
<input type="checkbox"/> I will <input type="checkbox"/> I will not attend class during my regular working hours.			
Signature of Employee: _____			
I approve and certify that this employee is employed full-time.			
Signature of Supervisor/Chair: _____		Date: _____	
Signature of Dean or CFO or Vice Chancellor (if applicable): _____		Date: _____	
Signature of Chancellor: _____		Date: _____	
DOCUMENTATION OF "JOB RELATED" EDUCATION			
<input type="checkbox"/> Yes <input type="checkbox"/> No My program of study is job related. (If No, waiver is taxable and you DO NOT NEED to complete the rest of this section.)			

For Office of Human Resource Use Only	
This employee has met the service requirements for the fee exemption requested.	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff
Date	Office of Human Resources Approving Agent