

**FACULTY STUDENT ASSOCIATION
of
Tompkins Cortland Community College
REQUEST FOR TUITION WAIVER**

TO: FSA Human Resources Department

DATE: _____

EMPLOYEE'S NAME: _____
(Please Print) ID Number

I hereby request a tuition waiver for the following course(s) at Tompkins Cortland Community College:

Course(s)**	# credit hours

for the purpose of _____

Final approval of the tuition waiver is contingent upon approval by the supervisor and FSA President as per the Faculty Student Association Personnel Policy Manual.

Check one below: Employee Signature _____

- Evening Course(s)
- Day Course(s)
- Distance Learning
- Online Course(s)

APPROVALS

Supervisor _____

FSA President _____

Check one below: Year

- Fall Semester _____
- Spring Semester _____
- Summer Session _____
- Winter Session _____

Supervisor Information		
Job Related	Yes	No
Requested by Supervisor	Yes	No
Web/Tech Fees Waived	Yes	No
Make-up time	Yes	No

** Only credit and FTE generating courses will be approved; include number of credit hours for each course.

<p>_____</p> <p>Human Resources Administrator</p> <p># of cr. hrs. _____ x \$ _____ = _____</p>
