

**SOUTHERN ADVENTIST UNIVERSITY**  
**EMPLOYEE REQUEST FOR TUITION-WAIVED CLASSES**

Name of Employee: (Please Print) \_\_\_\_\_ Today's Date \_\_\_\_\_

Person Taking Class: (Please Print) \_\_\_\_\_ ID # \_\_\_\_\_

Employing Department: \_\_\_\_\_ School Year \_\_\_\_\_ Fall Winter Summer

NAME OF CLASS	COURSE NUMBER	HOURS	CIRCLE DAYS CLASS MEETS
_____	_____	_____	M Tu W Th F
_____	_____	_____	M Tu W Th F
_____	_____	_____	M Tu W Th F

I understand that full-time faculty and staff may enroll in the university for up to four hours per semester (the summer sessions for the purposes of this policy are considered to be one semester) undergraduate or graduate, with the tuition waived, for a maximum of nine tuition-waived hours per fiscal year (June 1-May 31), provided the supervisor agrees to the schedule and space is available after all tuition paying students have been accommodated. Tuition waivers do not apply for private music lessons, student teaching, courses requiring individualized faculty direction, laboratory costs, and/or other costs and fees which are charged in addition to tuition. I further understand that full-time employment must be maintained while taking any tuition waived class.

If a university employee does not enroll in a class, the non-university employee spouse may benefit from the tuition-waived policy under the same terms as for an employee.

(Part-time employees qualify for four hours per fiscal year if they have worked a minimum of 1000 hours in the previous year.)

Employees must have a current Southern Adventist University financial account and be current on all student loan payments at the time of registration before the tuition-waived class plan will be approved. University scholarships and monies from the Southern Adventist University Endowment Fund are not available to anyone enrolled in a tuition-waived class.

**Employee's Signature**

This request must first be submitted to the employee's department supervisor; if approved, then to the office of the Director of Human Resources.

**Supervisor's Recommendation**

1. The above named person is a full- or part-time employee, and it is anticipated that he/she will continue to be a full- or part-time employee in this department during the remainder of this semester.
2. The taking of this course by the employee will not unduly interfere with their work schedule. Any time off for class will be made up during the same week. Satisfactory arrangements have been made in regard to the work program as affected by this class.
3. ( ) I recommend that this request be approved.
4. ( ) I recommend that this request be denied for the following reasons: \_\_\_\_\_

**Department Supervisor's Signature**

**Human Resources**

( ) Approved ( ) Not Approved

\_\_\_\_\_  
Director's Signature

Date \_\_\_\_\_

**Student Finance**

( ) Approved ( ) Not Approved

\_\_\_\_\_  
Student Finance Signature

Date \_\_\_\_\_