



Employee Application for Waiver of Course Fees

****Note: this application is for employees in a full-time (based on Workday Time Type), 100% effort, budgeted university position pursuing a graduate or doctoral-level degree only. Part-time employees are not eligible for this waiver.**

(Please Print)

UIN/Banner ID	Last Name	First Name	MI	Contact Number
Email		Mailing Address		

Term: Fall 20 _____ Spring 20 _____ Summer 20 _____

Program of Study: Degree: _____ Major: _____ Concentration: _____

Course(s) to Register for:

Course Number	Course Title

By signing below, I am requesting to have this waiver applied and certify that I am qualified for this waiver as per university guidelines. I also understand that this waiver applies ONLY to the term specified and that if I wish to have it applied to subsequent terms, that I will have to apply again for each of those terms.

Employee's Signature: _____ **Date:** _____

<i>For Human Resources Use Only</i>	
I certify that _____, whose UIN/Banner ID is _____	
is a current full-time university employee in the _____ <small>(office / department)</small>	
as _____ <small>(title)</small> as of the term indicated above.	
_____ Printed Name of HR Employee & Title	
_____ Signature of HR Employee	_____ Date

Remit completed form to: Office of the University Registrar, ZSC 121, 5201 University Blvd, Laredo, TX 78041
Fax: (956) 326-2249 • registrar@tamui.edu

<i>For Registrar's Office Use Only</i>			
Received by: _____	Date: _____	Processed by: _____	Date: _____