



Employee Application for Waiver of Tuition and Fees

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

(Please Print)

Application: Initial Renewal

| UIN / TAMIU ID | Last Name | First Name | MI | Contact Number |
|---|--|-------------|--------------|----------------|
| | | | | |
| Email | | Department | | |
| | | | | |
| Term | Program of Study: Degree/Major/Concentration | | | |
| <input type="radio"/> Fall ____ <input type="radio"/> Spring ____ <input type="radio"/> Summer ____ | | | | |
| Course(s) being taken (limited to 6 hours each Fall/Spring/Summer term) | | | | |
| CRN | Crse Subj | Crse Number | Crse Section | Crse Title |
| | | | | |
| | | | | |
| | | | | |

By signing below, I acknowledge the following:

- I have read TAMIU SAP 31.99.01.L0.03, *Tuition & Fee Payments for Employees Pursuing Master's Degrees* and am qualified to participate in the Employee Educational Assistance Program.
- I understand my responsibilities outlined in the SAP.
- I understand I may not attend class or work on assignments during regularly scheduled work hours unless I have received written authorization under SAP 31.99.01.L0.01, *Employees Registering as Students*.
- I understand that if approved, the waiver of tuition and fees applies ONLY to the term specified above and that a new application must be completed for each subsequent term with evidence of my Academic Good Standing.

Employee Signature: _____ Date: _____

Supervisor Certification

The employee listed above has a satisfactory annual evaluation, is not under any disciplinary restrictions including a performance plan, and, if this is a renewal application, is in academic good standing in their program and making satisfactory progress toward their degree.

Supervisor Signature/Printed Name: _____ Date: _____

Human Resources Certification

The employee listed above is employed full-time in the TAMIU department listed above as of the date by my signature below.

HR Signature/Printed Name: _____ Date: _____

Graduate School Certification

The employee listed above has been fully admitted to a TAMIU graduate program, is in good standing, and is making satisfactory progress toward their degree.

Graduate School Signature/Printed Name: _____ Date: _____

Remit completed form to: Office of the University Registrar, ZSC 121 * registrar@tamiu.edu

For Registrar's Office Use Only

Received by: _____ Date: _____ Processed by: _____ Date: _____

RESET