

## Hinds Community College/Jackson State University

### REQUEST FOR EMPLOYEE TUITION WAIVER

Full-time employees of Jackson State University are eligible for tuition waiver at Hinds Community College according to the Academic Partnership Agreement. This form, when approved, grants the waiver. This form does not enroll the employee in the desired course(s). Enrollment is the employee's responsibility. This form must be completed prior to the beginning of each semester for which a waiver of tuition is requested.

<b>SECTION I:</b> <i>Employee completes Section I and forwards to supervisor for review and signature</i>					
NAME (Last, First, Middle) _____					
DEPARTMENT OF EMPLOYMENT _____			HINDS STUDENT ID # _____		
Email _____			Phone# _____		
<b>EMPLOYMENT STATUS</b>					
Full-time _____		Part-time _____		Faculty _____ Non-Faculty _____	
<b>SEMESTER/YEAR APPLIED FOR</b>					
FALL _____		SPRING _____		SUMMER _____	
<b>STUDENT STATUS</b>					
Undergraduate _____		Graduate _____		Non-Degree _____	
Course #	Section #	Start Date	Time	Day(s) of Week	Credit Hours
<i>Courses should not be taken during regularly scheduled work hours.</i>					
Employee's Signature _____				Date _____	
<b>SECTION II:</b> <i>Supervisor completes Section II. The supervisor reviews, signs, makes a copy, and forwards the original form to Human Resources for validation of signatures.</i>					
Supervisor's Signature _____			Date _____		
Approving Officer's Signature _____			Date _____		
____ Approved		____ Disapproved		Reason for Disapproval _____	
<b>SECTION III:</b> <i>The Division of Human Resources validates the full employment status of the employee and the approval signature of the supervisor. Upon approval, a copy of the form is sent to HCC designated officer, and the requesting employee.</i>					
Human Resource Executive Director _____			Date _____		