UNIVERSITY OF DELAWARE REQUEST FOR COURSE FEE WAIVER

All eligible full-time employees may register for two courses each semester, not to exceed six in any calendar year. Eligible part-time employees may not exceed three fee waivers in a calendar year. For the complete course fee waiver policy statement, consult the Faculty Handbook or the Policies and Procedures for Professional and Salaried Staff manual.

EMPLOYEE MUST TAKE THE FOLLOWING STEPS:

- Complete all blocks in the first section of this form, sign and date, then submit to supervisor for approval (if release time is required).
- For Winter or Summer Session Supervised Study Course, secure and attach written notice from the instructor that salary payment is waived.
- (2) (3) Forward your request to HR-Benefits as soon as you register for class(es), but no later than: July 15 for Fall, November 15 for Winter, December 15 for Spring, and May 15 for Summer. Late fees may be imposed for forms submitted after their billing deadline. (See www.udel.edu/bill_coll for details.)

	PLEASE TYPE OR PRINT CLEARLY:							
	EMPLOYEE NAME		EMPLOYEE ID NUMBER		CAMPUS PHONE NUMBER			
z	DEPARTMENT EMPLOYEE STATUS:			EMPLOYEE CLASSIFICATION:				
SECTION	FULL TIME			FACULTY SALARIED STAFF				
			RT TIME	PROFESSIONAL			RLY STAFF	
THIS	NAME OF STUDENT (IF NOT EMPLOYEE)			SID#:	DEPENDENT'S DOB: RELATION		RELATIONSHIP:	
ES					/	_/	SPOUSE CHILD	
LET	YEAR & SEMESTER STUDENT CLASSIFICATION:				RESIDENCY - PLEASE CHE		CHECK ONE:	
COMPL	UNDERGRAD GRAD CON			NT. ED AA	DELAWARE	T NON-RESIDENT		
	COURSE 1 TITLE							
OYEE	REDIT COURSE SEQUENCE NUMBER CR. HRS. N						FIXED FEE (For non-credit course only)	
EMPI	COURSE 2 TITLE							
	REDIT COURSE SEQUENCE NUMBER CR. HRS. N			ON-CREDIT COURSE SEQUENCE NUMBER		R FIXE	FIXED FEE (For non-credit course only)	
INA	PORTANT NOTES:					\$		
(b) (c)	therefore, require payment of the full registration fee. A few others require payment of incremental costs only. Please contact the sponsoring office if you have a question concerning fee waiver eligibility for the program in which you are interested.							
(d)	been claimed by the employee as an exemption for federal income tax purposes on the employee's most recent federal tax return.							
I certify that the information given herein, and which the University is authorized to verify, is true and complete and complies with University policy above. I agree to notify HR-Benefits of any changes in the circumstances described in this request.								
EMPLOYEE SIGNATURE (DATE)								
APPROVALS	EMPLOYEE'S SUPERVIS (IF RELEASE TIME IS RE			(DATE)				
APPR	HR-BENEFITS		(DATE)					
FOR OFFICE USE ONLY SID# LAST NAME								

(DATE)

AUTH. SIGNATURE

Waiver Code