



LAKE SUPERIOR STATE UNIVERSITY

EMPLOYEE APPLICATION FOR TUITION WAIVER

Name _____ ID Number **A** _____

Title _____ Department _____ Status _____
Please Circle

I am a full-time regular (not temporary) employee at LSSU..... Yes No

I have a four-year degree..... Yes No **If yes, Year Granted* _____

I request admittance to the following credit courses to be taken..... Fall Spring Summer Year _____

Course No	Course Title	Days/Times Scheduled	Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employee Signature _____ Date _____

Adjusted work schedule of equivalent working hours as follows: _____

For staff requiring adjusted work schedule, Department Head Approval is necessary

Department Head Approval _____ Date _____

Business Operations Action _____ Date _____

**For tax purposes only.*