

Request for Tuition Exemption/Educational Leave Form

EMPLOYEE INFORMATION, CERTIFICATION AND COURSE INFORMATION
Name: _____

LSUHSC Employee ID: _____

Department Name: _____

Work Email: _____

Building Address: _____

Room #: _____

JUSTIFICATION *(Please provide justification as to how the requested courses are related to your current position)*

CERTIFICATION: In order to qualify for Tuition Exemption/Educational Leave, I understand and agree to the following terms and conditions:

- To qualify for tuition exemption employee must be full-time permanent employees employed for **one (1)** year prior to the start of the term. Tuition exemption will be allowed for no more than **six (6)** hours per fall and spring semesters and **three (3)** hours per summer semester.
 - Admitted to the appropriate University academic program, and secure approval from supervisor and Dept. Head or Dean/VC.
 - College credit course(s) must be related to employee's current job.
 - Employees are responsible for any tuition and fees of any additional course(s) not approved below.
- Employees must apply for this benefit prior to the start of each term.
 - Should employee withdraw from a course or receive a failing grade, the supervisor has the discretion to approve or deny any future attempts to retake the course.
 - Employees are limited to **three (3)** hours a week of educational leave per week during normal business hours. Any employee requiring any additional time off during business hours must utilize either annual leave, where available or leave without pay.
 - Educational leave requests should be approved through a SF-6 request in Self Service or paper leave form.

My signature below is attesting to the fact that I am in compliance with all eligibility requirements as specified in [PM-12](#) and [CM-28](#). If it is determined that I have not complied with these requirements, I will be required to drop the course(s) and pay the required tuition and fees. I hereby give my permission to release my final exam grade and/or grade for course(s) listed below to my supervisor.

Course Dept. and ID	Course Title Description	Class Schedule Days/times (if applicable)	Is course being repeated? (Y or N)	Is course required for degree? (Y or N)	Course Hours

Institution Name: _____ **Semester:** _____ **Year:** _____

Degree program: _____ **Degree Level:** _____

Will educational leave be requested? Yes No **Student ID:** _____

Employee Signature: _____ **Date:** _____

SUPERVISOR/DEPARTMENT HEAD CERTIFICATION
Is this course(s) job related to the employee's job? Yes No

The employee's enrollment in the requested course will not adversely affect his or her normal employment obligations.

Immediate Supervisors Signature: _____ **Title:** _____ **Date:** _____

Dept. Head or Dean/VC Signature: _____ **Title:** _____ **Date:** _____

VICE CHANCELLOR FOR ADMINISTRATION AND FINANCE (for Certification and Eligibility)
Vice Chancellor for Administration and Finance: _____ **Date:** _____