



Office of the Registrar  
**UUP EMPLOYEE COURSE TUITION WAIVER**

*For employees under the UUP Contract only. Please enter all information.*

**Instructions:** After completing this form print three (3) copies, obtaining the required signatures, and send all copies to the Bursars Office with bill and any required fees.

Academic Year: \_\_\_\_\_

Semester:  Fall  Spring  Summer

Name of Employee: \_\_\_\_\_

Department Employed: \_\_\_\_\_ Ext.: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Course Abbreviation (e.g. CHEM 232): \_\_\_\_\_

Course Title: \_\_\_\_\_

Credit Hours: \_\_\_\_\_ To be taken for:  Credit  Non-Credit

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I certify that the employee named above is represented under the UUP Contract.

Signature of Human Resources Department: \_\_\_\_\_ Date: \_\_\_\_\_

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I certify that space is available for the employee to take the course listed above.

Signature of Instructor: \_\_\_\_\_ Date: \_\_\_\_\_