Type in the spaces below ... then print and sign!

This is a four-part form requiring NCR paper. White, Goldenrod, Pink, Blue

Tennessee Technological University
Higher Education Fee Waiver
for the
Employee Audit/Non-Credit Program

Original - Personnel/Payroll Copy
Gold - Business Office Copy
Pink - Ext Educ/Admissions Copy
Blue - Employee Copy

SECTION I: To be completed by the employee. Please type or print firmly in ink all information in Part A and B.

PART A. EMPLOYEE INFORMATION

Full Name: _____ Soc Sec #: _____-_____-_____

Home Address: _____ Birthdate: _____/_____/_____
Month Date Year

_____
(City) (State) (Zip Code)

Male: _____ Female: _____

TTU Title: _____ TTU Dept: _____ Phone: _____

PART B. COURSE INFORMATION

I request permission to enroll in the course listed below during the _____ term of 19____ at

_____
(name of institution) (address of institution if other than TTU)

NON-CREDIT COURSE REQUEST	AUDIT OF CREDIT COURSE REQUEST
Course Title #1: _____	**Course Title #1:** _____
Dates: _____ to _____	Call No: _____ Description: _____
Days: _____ Time: _____ to _____	Course No: _____ Section No: _____
CEU's: _____ Course Fee: $_____	Days: _____ Time: _____ to _____
	Credit Hrs: _____ Maint Fee: $ _____
Course Title #2: _____	**Course Title #2:** _____
Dates: _____ to _____	Call No: _____ Description: _____
Days: _____ Time: _____ to _____	Course No: _____ Section No: _____
CEU's: _____ Course Fee: $_____	Days: _____ Time: _____ to _____
COURSE FEES TOTAL: $ _____	Credit Hrs: _____ Maint Fee: $ _____
	MAINTENANCE FEES TOTAL: $ _____

EMPLOYEE NOTICE: An employee may register only after the formal registration period as defined by the institution.

Employee Signature: _____ **Date:** _____

SECTION II: Pre-Registration Approvals

Supervisor Approval: _____ Dept: _____

Title: _____ Date: _____

Acct # to be charged: _____ Amt of charge: $ _____

Personnel/Payroll Approval: _____ Date: _____

SECTION III: Enrollment and Billing Verification

Non-Credit Course Enrollment: _____ Date: _____
OR (Extended Education Verification/Signature)

Audit Course Enrollment: _____ Date: _____
(Admissions Office Verification/Signature)

Billing Verification: _____ Date: _____
(Business Office Staff Signature)