HR Benefits

Human Resources
Phone: 540/568-3593
MSC 7009

# Request for Tuition Waiver

**The Request for Tuition Waiver form must be completed and received by Human Resources before 5:00 p.m. on the last day of the add/drop period. See the Office of the Registrar for dates and deadlines.**

**Late requests for Tuition Waiver will be denied.**

| | | | | |
|---|---|---|---|---|
| Name: | | PeopleSoft #: | Student #: | |
| Department: | | Org #: | Division: | |
| Email: | Phone: | | MSC: | |
| Semester: | Fall | Spring | Summer | Year |

List your first two course preferences; you may also list an alternate course. Missing information will cause a delay in processing. If you are auditing the course DO NOT list # of credit hours, list audit. Please follow example below.

*This waiver does not register you for the course; you are responsible for registering for your courses*

| | Course # | Section # | Class # | Title | # Credit Hours | Class Schedule |
|---|---|---|---|---|---|---|
| *Sample* | *Span 300* | *0001-Lec* | *70849* | *Grammar & Comm* | *3* | *TuTh 9:30 a.m.* |
| 1 | | | | | | |
| 2 | | | | | | |
| Lab | | | | | | |
| Alternate | | | | | | |

☐ I certify that I am enrolled in an MBA program that does not offer summer courses and therefore am eligible to take three courses in the spring and fall semesters.

| | | | | | | |
|---|---|---|---|---|---|---|
| 3 | | | | | | |

Each quarter, over two pay periods, Payroll Services will collect the appropriate taxes from each employee who exceeds the annual $5,250 value set forth by the IRS for graduate courses. Quarters: 3/30, 6/30, 9/30, 11/30*

*for payroll purposes the last quarter's taxes will be collected on the 11/30 pay period

I have read **Policy 1402** and meet the criteria to receive a Request for Tuition Waiver. I certify that the information provided is complete and accurate. I also understand that any and all information on this form is subject to verification. Two administrative levels above the employee must sign the Request for Waiver of Tuition.

| | |
|---|---|
| Employee: | Date: |
| Supervisor:<br>*I certify that the above employee is in compliance with Policy 1402, and approve the request for waiver of tuition to be granted.* | Date: |
| Director/Dean/Department Head:<br>*Request for Waiver of Tuition is authorized.* | Date: |
| AVP or VP:<br>*Request for Waiver of Tuition is authorized.* | Date: |

**Late requests received in Human Resources after the add/drop date will be denied.**

FOR OFFICE USE ONLY

Active:
F/T:
Prior Waivers:
Recommend Approval:
Eligible for:

OE:
Processed:
Emailed:

Submit via email: benefits@jmu.edu, fax: 540/568-7916, or intercampus mail: MSC 7009 **before** the deadline