

Tennessee Technological University  
 Higher Education Fee Waiver  
 For The  
 Employee Audit and Non-Credit Program

This is a 4-part form  
 Print on NCR paper  
 using colors noted at right

White (Orig) – Human Resource Copy  
 Gold – Business Office Copy  
 Pink – Ext Ed/Admissions Copy  
 Blue – Employee copy

**SECTION 1:** 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.No. (last 4 digits only) \_\_\_\_\_  
 Home Address \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
 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 \_\_\_\_\_ at \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ (Name of School Attending) \_\_\_\_\_ (Address if other than TTU)

NON-CREDIT COURSE REQUEST			
Course Title #1 _____	Course Title #2 _____		
Dates _____ to _____	Dates _____ to _____		
Days _____ Time _____ to _____	Days _____ Time _____ to _____		
CEU's _____ Course Fees \$ _____	CEU's _____ Course Fees \$ _____		
<b>COURSE FEES TOTAL \$ _____</b>			

AUDIT OF CREDIT COURSE REQUEST			
Course Title #1 _____	Course Title #2 _____		
Call # _____ Description _____	Call # _____ Description _____		
Course # _____ Section # _____	Course # _____ Section # _____		
Days _____ Time _____ to _____	Days _____ Time _____ to _____		
Credit Hrs _____ Maint. Fees \$ _____	Credit Hrs _____ Maint. Fees \$ _____		
<b>MAINTENANCE FEES TOTAL: \$ _____</b>			

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

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 2. Pre-Registration Approvals**

Supervisor Approval \_\_\_\_\_ Dept. \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Account # to be Charged \_\_\_\_\_ Amount of Charge \$ \_\_\_\_\_  
 (To be filled in by HRS)

Human Resource Approval \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 3. Enrollment and Billing Verification**

Non-Credit Course Enrollment \_\_\_\_\_ Date \_\_\_\_\_  
 (Extended Education Verification/Signature)

Audit Course Enrollment \_\_\_\_\_ Date \_\_\_\_\_  
 (Admissions Office Verification/Signature)

Billing Verification \_\_\_\_\_ Date \_\_\_\_\_  
 (Business Office Staff Signature)