PUNC BURSAR'S OFFICE FORM - 1
Revised 8/10

PURDUE UNIVERSITY NORTH CENTRAL
REQUEST FOR APPROVAL OF UNIVERSITY CLASS ATTENDANCE AND FEE REMISSION AND EXCEPTION TO CREDIT HOUR LIMIT
ADMINISTRATIVE / CLERICAL / FACULTY / PROFESSIONAL / SERVICE

Please Print Clearly

Date _____

NAME: _____
Last First Middle Initial

PUID NUMBER: _____

Department Name: _____

Campus Phone: _____

Campus Employed at: _____

Campus Enrolled at: _____

ELIGIBLE STAFF:

____ Administrative / Faculty / Professional

____ Clerical and Service

____ Official Retiree

Semester Taking Course(s): ____ Fall ____ Spring ____ Summer _____ (Indicate the year)
(Check the semester)

Schedule - Days/Hrs	Course Number	Credit Hours	Hours absent from work each week will be made up as follows:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL _____

(A maximum of 7 credit hours during fall/spring and 4 in summer will be remitted. Regular fees will be assessed on each hour over the limit.) Complete the "Request for Exception to the Staff Credit Hour Limit" section below if taking more than the maximum hours.

The Head of the School, Division or Department employing the staff member for whom application for fee remission is being made must complete this section. If the staff member terminates employment, please contact the Bursar's Office.

I hereby certify that the person listed above has been employed since (date) _____ on a full time basis.

_____ Signed _____
DATE HEAD OF SCHOOL, DEPARTMENT OR OFFICE

Department Fund & Cost Center: _____

REQUEST FOR EXCEPTION TO THE STAFF CREDIT HOUR LIMIT
Submit to the Vice Chancellor for Administration for final approval.

Please explain the rationale for requesting an exception: _____

_____

Please explain any changes being made to the employee's normal work schedule to accommodate the requested course load.:

_____

The individual's immediate supervisor supports this request for an exception to Executive Memorandum C-7 and certifies that enrollment in these courses will not negatively impact the employee's work performance.

_____ _____ _____ _____
Staff Member's Signature Date Supervisor's Signature Date

_____ _____ _____ _____
Department Head's Signature Date Vice Chancellor for Administration's Signature Date

ALL FORMS MUST BE COMPLETED IN FULL IN ORDER TO BE PROCESSED. INCOMPLETE FORMS WILL BE RETURNED TO THE STAFF MEMBER.

BURSAR'S OFFICE USE ONLY

Date entered _____ IInitials _____ Audited _____