

**PURDUE UNIVERSITY NORTH CENTRAL
REQUEST FOR APPROVAL OF UNIVERSITY CLASS ATTENDANCE AND FEE REMISSION
ADMINISTRATIVE / CLERICAL / FACULTY / PROFESSIONAL / SERVICE**

Please Print Clearly

Date _____

NAME: _____
Last First Middle Initial

PUID NUMBER: _____

Department Name: _____

ELIGIBLE STAFF:

- _____ Administrative / Faculty / Professional
- _____ Clerical and Service
- _____ Official Retiree

Campus Phone: _____

Campus Employed at: _____

Campus Enrolled at: _____

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

<u>Schedule - Days/Hrs</u>	<u>Course Number</u>	<u>Credit Hours</u>	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" form 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.

DATE Signed _____
HEAD OF SCHOOL, DEPARTMENT OR OFFICE

Department Fund & Cost Center: _____

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

BURSAR'S OFFICE USE ONLY		
DATE ENTERED _____	INITIALS _____	AUDITED _____