

Tuition Exemption and Educational Leave Request Form

EMPLOYEE INFORMATION, CERTIFICATION AND COURSE INFORMATION

Name: _____

LSUHSC Employee ID: _____

Department Name: _____

Work Email: _____

Building Address: _____

Room #: _____

JUSTIFICATION:

CERTIFICATION:

I acknowledge that I must apply and be approved for this exemption benefit prior to the start of each term. My signature below is attesting to the fact that I am in compliance with all eligibility requirements as specified in the LSU Health - New Orleans Tuition Exemption and Educational Leave Guidelines and [PM-12](#). If it is determined that I have not complied with these requirements, I will be required to drop the course(s) and pay the required tuition and fees. I hereby give my permission to release my final exam grade and/or grade for the course(s) listed below to my supervisor.

Course Dept. and ID	Course Title Description	Class Schedule Days/Times (if applicable)	Is the course being repeated? (Y or N)	Is the course required for degree? (Y or N)	Course Hours

Is this coursework for a doctoral program? Yes No

LSU Institution Name: _____ Semester: _____ Year: _____

Degree Program: _____ Degree Level: _____

Will educational leave be requested? Yes No Student ID: _____

Employee Signature: _____ Date: _____

SUPERVISOR/DEPARTMENT HEAD CERTIFICATION

The employee's enrollment in the requested course will not adversely affect his or her normal employment obligations.

Immediate Supervisors Signature: _____ Title: _____ Date: _____

Dept. Head or Dean/VC Signature: _____ Title: _____ Date: _____

VICE CHANCELLOR FOR ADMINISTRATION AND FINANCE (for Certification and Eligibility)

Vice Chancellor for Administration and Finance: _____ Date: _____