BGSU
BOWLING GREEN STATE UNIVERSITY

# EMPLOYEE FEE WAIVER APPLICATION

Print Clear

Date_____

FEE WAIVER APPLICATION FOR
( ) FULL-TIME EMPLOYEE
( ) PART-TIME EMPLOYEE
( ) RETIREE-DATE OF RETIREMENT _____

Printed Name: _____ EMPL ID # _____
Last First M.I.

Employee Signature: _____ Campus:

( ) BGSU Employee (non-auxiliary) ( ) BGSU Auxiliary Services Employee ( ) Main
( ) University of Toledo Main Campus ( ) University of Toledo Health Science Campus (Faculty) ( ) Firelands

Academic Year: _____ Semester: ( ) Fall ( ) Spring ( ) Summer Academic Career: ( ) Graduate ( ) Undergraduate

Please note: The excess of Graduate level classes where the benefit exceeds $5,250.00 in a calendar year are taxable for the employee. All graduate students enrolled in undergraduate courses will be assessed graduate level fees.

I certify that the above individual is an employee/retiree from _____ Department and wishes to enroll in course(s) during the term indicated above. The employee's enrollment in the course(s) will not interfere with assigned work duties as an employee and it is understood that enrollment will not prevent regularly registered student from attending the class section.

DEPARTMENT NAME:_____ DEPARTMENT COST CENTER (DCC): _____

Department Chair/Area Head Approval: _____ Date: _____

## FOR USE BY HUMAN RESOURCES

( ) Permanent Part-Time. Works _____ hours/week and is eligible for ____ credit hours during academic year.

APPROVED: _____ _____
OFFICE OF HUMAN RESOURCES DATE

NOTE: This form must be completed for each semester.
Please send this form to the Office of Human Resources (OHR), 100 CPOB, for processing.
**The fee waiver should be received in OHR eight (8) weeks prior to the first day of the semester for which the employee is enrolling. Late fees are the student's responsibility.**