LSU Health NEW ORLEANS

# 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:** _____