

REQUEST FOR TUITION WAIVER



Employee: _____

Course(s) to be taken: _____

Semester in which courses are to be taken: _____

Courses currently enrolled in _____

Conditions of the USSA Tuition Waiver:

1. Eligibility – employed by USSA or an approved affiliate for a period of six (6) months.
2. Undertaking that:
 - a. In the event of withdrawal (W) or receipt of a failing grade, (F) I must reimburse the Academy for the full amount of the tuition waiver for that course(s).
 - b. I am responsible for all fees and costs required for enrollment (example: books, computer fee, etc.)
 - c. I am aware of and will comply with the academic and institutional policies with respect to student status and application procedures.
 - d. Acceptance of the tuition waiver, resulting in obtaining a degree, may require the employee to have an obligation of three (3) years service to the Academy (the amount of service is at the option of the Academy) or the employee may reimburse the tuition benefit in full.
 - e. I understand that all grades from the previous semester must be entered prior to the submission of this form and that I must be in good academic standing with the institution.

I certify that I agree to the above conditions and meet the requirements for the level of study.

Requested by: _____ Date: _____

Employee's signature

Approved by: _____ Date: _____

Supervisor

_____ Date: _____

Administration

The steps below must be followed in the order in which they appear:

1. I certify that the employee is eligible based upon the conditions of this Tuition Waiver and the standards of Satisfactory Academic Progress, as reflected in the Academic catalogs:

_____ Date: _____

Registrar

2.

Approved by: _____ Date: _____

President and CEO