University of NORTH ALABAMA
HISTORY IN THE MAKING

APPLICATION FOR REMISSION OF COURSE HOUR FEES

for EMPLOYEES AND RETIREES

SECTION I: EMPLOYEE DATA

Name of Employee: _____
Last Name *First* *Middle*

Department: _____

Position Title: _____

Date of Employment: _____ **UNA Box Number:** ____ ____ ____ ____

☐ **REGULAR COLLEGE COURSE(S)**

I hereby make application for enrollment in Choose One **under the University of North Alabama Remission of Course Hour Fees Policy for the academic year** Choose One **for the** Choose One **semester.**
(Only one semester per form permitted.)

- ☐ **I have been admitted to the University.**
- ☐ **Class will be taken for credit toward an undergraduate degree.**
- ☐ **Class will be taken for credit toward a graduate degree.**
- ☐ **Class will be audited.**
- ☐ **Class will be taken after duty hours.**
- ☐ **Class will be taken during duty hours. I will submit leave requesting that this be charged against .**
- ☐ **Class will be taken during the lunch hour and will not be charged against leave.**

☐ **CONTINUING STUDIES & OUTREACH COURSE(S)**

I hereby make application for enrollment in a continuing education course(s) under the University of North Alabama Remission of Course Hour Fees Policy.

Course Title: _____ **Course Dates: From:** _____ **To:** _____

Course Title: _____ **Course Dates: From:** _____ **To:** _____

- ☐ **A separate letter, signed by my supervisor and department head, certifying that the course is compatible with my duties is attached.**
- ☐ **I am taking** Choose One **undergraduate or graduate course(s) this semester.**
- ☐ **The above listed course(s) will be taken for credit toward a degree.**

I certify, by my signature below, that I have read and understand the attached instruction sheet. I further certify, to the best of my knowledge, that I meet the eligibility requirements as listed on the instruction sheet and that the information provided on this form is true and correct.

Print Form

SECTION III: EMPLOYEE CERTIFICATION

_____ _____
Signature of Employee Date

_____ _____
Signature of Supervisor/Title Date

_____ _____
Signature of Approving Authority/Title Date

SECTION IV: OFFICE OF HUMAN RESOURCES AND AFFIRMATIVE ACTION USE ONLY

Spouse qualifies for remission of course hour fees: ☐ **Yes** ☐ **No**

Employee notified of: ☐ **qualification** ☐ **non-qualification**

Added to Business Office's qualified list: ☐

Comments:_____

_____

Received by Office of Human Resources and Affirmative Action on: