



## Opportunity Knocks PVCC Tuition Waiver Request

Employee Name	Original Hire/ Appointment Date	EMPL ID Number

Position Title	Department/Division	Teaching Field (For Faculty)

- After Hours Study  
 During Hours Study: Note: for classified employees an adjusted work schedule will be attached.

Course Number	Course Title	Semester Hours*	Start Date	End Date	Tuition Costs	Mandatory Fees

\*Limit of 6 credit hours per semester

	<b>Sub Total</b>		
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<b>Grand Total All Costs</b>	
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**Purpose of Assistance** (Check One)

- Job-Related: Supervisor's signature verifies that course is related to current position responsibilities  
 Degree Requirement: Verification of acceptance into a degree program must be on file  
 Personal Enrichment

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date of Aid Request

\_\_\_\_\_  
Supervisor's Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President's Approval

\_\_\_\_\_  
Date

**Return approved forms to HR. HR will notify employees of status of request.**