



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

| | | |
|------------------|--|--|
| Sub Total | | |
|------------------|--|--|

| | |
|------------------------------|--|
| Grand Total All Costs | |
|------------------------------|--|

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

Date of Aid Request

Employee Signature

President's Approval or Designee

Supervisor's Approval