

**THE UNIVERSITY OF SOUTHERN MISSISSIPPI
FACULTY AND STAFF PERMIT FOR FREE COURSES**

Date _____

WAIVER DUE _____

Semester _____

Academic Year _____

CERTIFICATION

As either a regular full-time or regular part-time employee of The University of Southern Mississippi, I hereby request approval to take up to either six (6) semester hours or (3) semester hours, depending on my employment classification, without fee payment. If I am a regular full-time employee, I understand that only three (3) semester hours can be taken during day classes. If I am a regular part-time employee, I understand that no classes may be taken during my regular work schedule. All admission requirements have been met. I understand that I must maintain an "overall" 2.0 GPA to continue the free course benefit. **I certify that my "overall" GPA is 2.0 or above.**

Name of Employee (Print)

Employment Status: Regular Full-Time Regular Part-Time

Student Status: Undergraduate Graduate

Signature of Employee (See Certification)

Employee ID Number

APPROVAL (Director)

I have read and understand the procedures related to the Faculty/Staff Academic Policy. I also certify that I am the approving authority for the department budget and have verified the eligibility of the above employee.

Name and Title (Print)

Department

Signature

NOTES

1. Processing instructions
 - a. Complete this form. **You will need to be registered for classes in order for it to be processed.**
 - b. Return this form to Human Resources (Box 5111).
2. Employees maintaining a permanent residence outside the State of Mississippi will be responsible for payment of out-of-state tuition.
3. Tuition for graduate coursework is nontaxable.
4. Employees are responsible for any withdrawal fees.
5. Employee must be employed by the last working day of the first week of the semester to receive the scholarship.
6. If employee terminates on or prior to mid-point of semester, employee is responsible for payment of courses.

FOR HR USE ONLY:

Staff member eligible for: **6 semester hours** **3 semester hours**

Date received: _____

Date entered: _____

Entered by: _____

DHR 05/08