

Please type your response in the appropriate area and sign and print the form(s) below and return to the Office of Human Resources, Long-Jones Hall, Room 148.



Grambling State University
Office of Student Financial Aid and Scholarships
EMPLOYEE TUITION EXEMPTION APPLICATION
(Execute One (1) Form Per Applicant)

Employee Section

Name: Last First MI **G#**

Mailing Address: P. O. Box/Street City Zip

Department: **Supervisor:** **Select the appropriate blank:** ☐ Faculty ☐ Staff

Semester: ☐ Fall ☐ Spring ☐ Summer 1 ☐ Summer 2

List below the course(s) you (or your spouse or child) plan to take:

CRN	Descriptive Title of Course	Time	Days	Sem. Hr.	Instructor
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Spouse/Child Section: If this exemption application is for your spouse or your child, you must complete the following:

Name: Last First MI **G#:**

Mailing Address: P. O. Box/Street City Zip Code

Phone Number: **Select the appropriate blank:** ☐ Spouse ☐ Child

Date of Birth of Spouse/Child:

Note: Please attach a copy of your Federal Tax form for dependents.

For Employee: The time away from my job will be made up as follows:

Faculty/Staff Member

Supervisor

Spouse/Child (non faculty/staff)

Human Resources Director

Financial Aid Director

Total Hours Approved: _____

Date: _____