

LOUISIANA STATE UNIVERSITY AT ALEXANDRIA

CHECK ONE:

Request for Tuition and Fee Exemption

**Request to Enroll at Personal Expense
During First Year of Employment**

EMPLOYEE NAME: _____ ENROLLED AS LSUA STUDENT
SOCIAL SECURITY #: _____ ENROLLED AS LSU-BR STUDENT
 ENROLLED IN LSU GRADUATE CLASSES

DEPT: _____ POSITION: _____

SEMESTER: _____ YEAR: _____

COURSE: _____ HRS. CREDIT _____ TIME: _____

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JUSTIFICATION AS JOB-RELATED: _____

Employee Signature: _____ Date: _____

Approval

Immediate Supervisor: _____ Date: _____

Dept. Head/Dean: _____ Date: _____

Vice Chancellor for Finance and
Administrative Services: _____ Date: _____

Vice Chancellor
for Academic Affairs: _____ Date: _____

Chancellor: _____ Date: _____

DISTRIBUTION: Human Resource Management (Original Employee)
Immediate Supervisor
Department Head/Dean
Vice Chancellor for Finance & Administrative Services
Vice Chancellor for Academic Affairs
Accounting Services

ATTACHMENT: An unofficial transcript is required for continuing students.