PETITION FOR WAIVER OF TUITION AND FEES

(FOR FULL TIME EMPLOYEES ONLY TAKING SHEPHERD UNDERGRADUATE COURSES)

ACADEMIC AND NON-ACADEMIC PERSONNEL

SHEPHERD UNIVERSITY

NAME	STUDENT IDENTIFICATION #						
STREET/PO) BOX						
CITY, STA	TE, ZIP CODE						
	NFIRMED BY I			IEPHERD UNIVERSITY	(SIX CALENDAR MO	ONTHS MININ	MUM)
DATE			CONFIRM	MED BY			
	R/ACADEMIC E	APPLICA	ANT'S SIGN		- (AXIMUM)		
CRN#	SUBJECT	CRS.NO.	SECTION	TITLE	CREDIT	AUDIT	TIME
	r Pass/Fail, ple	•		l option form. REGISTRATION CAN I	DE DDOCESSED		
			FOR THIS I	EMPLOYEE TO ENROL	L IN THE CLASSES L		Ε
DATE			APPROVED BY IMMEDIATE SUPERVISOR				
					IMMEDIATE SUPERVIS	SOR	
NOTE: If yo	ou were not enro	olled for classe	es the previou	is semester you must submit	t an Application for Adm	ission (available	e in the

NOTE: If you were **not** enrolled for classes the previous semester you must submit an Application for Admission (available in the Admissions Office) if you are a degree seeking student. If you are a special non-degree student you must complete the non-degree student Registration Form (available in the Registrar's Office). You may be required to list the cost of this class(es) as income on your Federal Income Tax Forms. If you are a Graduate Student, please see the Graduate Office for a Graduate Waiver.

RETURN FORM TO THE REGISTRAR'S OFFICE BY THE PREVIOUSLY ESTABLISHED DEADLINE