



Application for Potomac State College Tuition Waiver

Name: \_\_\_\_\_ WVU ID: \_\_\_\_\_

Home address: \_\_\_\_\_

Work phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Campus department: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Semester applying for assistance: \_\_\_Fall \_\_\_Spring \_\_\_Summer Year: \_\_\_\_\_

Name of course: \_\_\_\_\_

Course Credit Hours: \_\_\_\_\_

Do you have a college degree? \_\_\_Yes \_\_\_No

If yes, indicate which degree(s): \_\_\_Associates \_\_\_Bachelors \_\_\_Graduate

Is employee requesting release time from work to attend class (Y/N): \_\_\_\_\_

If seeking work release time, indicate day(s)/time release time requested: \_\_\_\_\_

Applicant's signature

Date

Supervisor's signature

Date

If course is to be taken during employee's regular working hours, supervisor must initial here to indicate approval of necessary release time of \_\_\_\_\_ hours per week.

\_\_\_\_\_ (Initials)

Please submit this application to the Office of Enrollment Services prior to the start of the semester.

For internal use by Enrollment Services:

- Waiver Approved
Waiver posted to STAR/Banner