Have you been admitted to the Graduate School? Yes _____ No _____ If Yes, use this form. If No, use the Fee Remission Program form.

EDUCATIONAL ASSISTANCE PROGRAM
CLASS ATTENDANCE REQUEST
BALL STATE UNIVERSITY

Name: _____ Ball State ID #: _____
(Last) (First) (Initial)

Classification: Faculty, Professional, Staff, Service: _____ Job Title or Rank: _____

Employing Dept: _____ Work Schedule: _____

The Course Registration Form must be attached. _____ Class Schedule if Faculty: _____
(Hours and Days)

I plan to enroll in university class(es) during the _____ Semester, 20_____.
(Fall, Spring, Summer, 1st Sum. 2nd Sum.)

This form must be processed in the Office of the Bursar no later than the last day of the term in which the class was taken in order to qualify for tuition waiver.

The undersigned employee agrees that tuition waiver benefits are contingent upon his/her acceptance of the terms, conditions, and limitations listed herein.

The employee will be required to repay waived tuition as calculated by the Office of the Bursar if:

A. The employee does not complete the course(s) in which he/she is registered unless dropped during Drop/Add or cancelled prior to the start of the term.

B. The employee does not achieve a grade of "C-" or above for undergraduate level courses, "B-" or above for graduate or doctorate level courses, or "Pass" for courses utilizing the "Pass/Fail" option. Any form of "W" as a grade is unacceptable.

C. The employee receives a mark of "Incomplete" ("I"), and it is not converted to a passing grade within one calendar year following the end of the term in which the course was taken or the date employment terminates, whichever is earlier.

D. The employee withdraws from the university after the date specified for a 100% tuition refund according to the university's refund schedule.

E. The employee voluntarily terminates from active employment prior to the completion of the term for which the employee was enrolled.

The employee authorizes University Human Resource Services to have access to his/her course grade(s) in order to determine if the conditions of this Program were met.

An employee with any of the following may not use the Educational Assistance Program: a past-due balance, a "Hold" on his/her university record, a delinquent account, a "Voluntary Payroll Deduction Loan."

The employee may not apply the tuition waiver benefit to the same class more than once (i.e., retakes, repeats). While some courses at the university are available for multiple total credits, university tuition waiver is not applicable for enrollment taken beyond course catalog recommended total credits.

_____ _____
(Signature of Employee) (Date)

For Administrator's Use

I acknowledge this employee's request to enroll in the class(es) as indicated above and certify that: (check applicable boxes)

- ☐ Course(s) will be taken outside employee's working hours.
- ☐ Employee's work schedule will be adjusted as follows: (List make-up time for each hour of class attendance.)
- ☐ Time away from work will be deducted from employee's posted vacation balance.
- ☐ An equivalent adjustment will be made in the employee's pay.
- ☐ Employee enrolling in course(s) at request of department/office.

☐ **Approved** ☐ **Not Approved**

_____ _____ _____ _____
Immediate Supervisor Date Administrative Unit Head Date

_____ _____
Vice President of Area Date

(DO NOT WRITE BELOW THIS LINE)

Fee Reduction: _____ Credit Hours _____ Approved _____ Not Approved _____ Met program requirements

_____ _____ _____
University Human Resource Services Date

SEND TO UNIVERSITY HUMAN RESOURCE SERVICES (UHRS)
UHRS WILL SEND COPY TO BURSAR'S OFFICE.