SUPPORT STAFF

COURSE APPROVAL REQUEST

YEAR: \_\_\_\_\_\_\_\_\_\_ SEMESTER: \_\_\_\_\_\_\_\_

I request the following course(s) be approved as eligible for tuition aid in advance of my taking them.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| College/University | Course # | Course Title | Credits | Tuition |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

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Office use only

( ) Approved ( ) Not Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Revised 1/2013