Semester \_\_\_\_\_

## CAMERON UNIVERSITY Employee Academic Tuition Waiver Request

Name	Camero	n ID#	Dept		
Job Title		Total Credit	al Credit Hours		
Employee's Regular Work Schedule					
Employee Certifies he/she is a Resident of Oklahoma					
Course Number	Prefix	Class Time Schedule	Days	Tuition Waiver Amount	
				_	
1 0		se is scheduled during	employee's regular	work hours):	
		se is scheduled during		work hours):	
	oyee Signature	se is scheduled during	Date	work hours):	
Empl		se is scheduled during		work hours):	
Empl Superv	oyee Signature	se is scheduled during	Date	work hours):	

\*Initial\_\_\_\_\_ I understand and agree that my employer, Cameron University, may deduct from my pay amounts owed due to the above courses in the event any amount remains unpaid 15 days after the end of the semester or if my employment at Cameron University ends and fees are still due the University.

schedule with this completed form to the Business Office.