

**\*\*Submit this form to Human Resources at least 15 days prior to the 1<sup>st</sup> day of the requested semester/session.\*\***



**EMPLOYEE REQUEST FOR TUITION EXEMPTION**

Name of Delgado Employee

Campus/Division

Employee ID

Tuition Exemption is requested for

(Semester/Year).

Name of LCTCS Institution You Plan to Attend:

Check one:

Delgado Community College

Other (Specify) \_\_\_\_\_

Name(s) and Prefix(es) of Course(s):

Number of Credit Hours\*:

Day and Hours of Class:

*\*Note: Tuition Exemption Program is Limited to Six (6) Credit Hours.*

***The Tuition Exemption Program requires that the coursework taken must be job-related.*** Explain how this course(s) is job-related and whether this course is part of a job-related degree or certificate you are pursuing.

Will you be requesting educational leave to attend class?

yes\*\*

no

***\*\*Note: The Tuition Exemption Program may allow an employee educational leave for a maximum of three (3) clock hours for the approved course of study to attend class. To be granted educational leave, you are required to submit an [Employee Request for Educational Leave to Attend Class Form](#) for approval.***

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

(Continued)

***Verification of Employee's Eligibility:***

\_\_\_\_\_ is a currently employed, full-time (100%) employee of Delgado Community College and has been employed by the College in a full-time, permanent position for over 1 (one) year.

\_\_\_\_\_  
Signature of Assistant Vice Chancellor for Human Resources

\_\_\_\_\_  
Date

***Approvals:***

\_\_\_\_\_  
Signature of Immediate Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Intermediate Supervisor (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Executive Dean/Vice Chancellor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Delgado Chancellor

\_\_\_\_\_  
Date

***If applicable:***

*A Delgado employee electing to attend an LCTCS institution other than Delgado requires the joint approval of Delgado's Chancellor (or designee) and the Chancellor (or designee) of the host institution and are subject to the host institution policies. **\*Note: The host institution may also require additional form(s) from their institution be completed.***

\_\_\_\_\_  
Signature of LCTCS Host Institution Chancellor

\_\_\_\_\_  
Date

\_\_\_\_\_  
LCTCS Host Institution

\_\_\_\_\_  
Delgado Chancellor

\_\_\_\_\_  
Date