

Please return completed form to the Office of Human Resources (UC-0003).  
Subject to late fee if completed form is submitted after the due date listed below.

**TO BE COMPLETED BY EMPLOYEE: Please print**

- Request for \_\_\_\_\_ (academic year):
- Fall/Winter Terms – Form must be received in Human Resources by August 15<sup>th</sup>
  - Fall Term Only – Form must be received in Human Resources by August 15<sup>th</sup>
  - Winter Term Only – Form must be received in Human Resources by December 15<sup>th</sup>
  - Spring Term Only – Form must be received in Human Resources by April 15<sup>th</sup>
  - Summer Term Only – Form must be received in Human Resources by May 15<sup>th</sup>

Employee Surname \_\_\_\_\_ Given Name(s) \_\_\_\_\_ Employee ID # \_\_\_\_\_

Department: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Are you a Contract Lecturer Member/Continuing Lecturer Member:  Yes  No If so, what Level: \_\_\_\_\_

I am requesting the following course(s):

Course Code	Course Number	Section	Day(s) / Time(s) Offered
Example: Psyc	1100	YA	Tuesdays 7:00 – 10:00 PM

**(Reason A):**  for interest only. I understand that the tuition waiver is *taxable* in my name.  
**(Note: no employee will be authorized to take interest only courses during regular working hours)**

**(Reason B):**  primarily for the purpose of maintaining or upgrading work- related skills. I understand that the tuition waiver is *non-taxable*.  
**(Note: if the course is taken during regular working hours, time shall be made up through the use of earned vacation time subject to the authorization of the Supervisor and Chair/Director/Dean)**

**(Reason C):**  course is a pre-requisite for my job position. I understand that the tuition waiver is *non-taxable*.  
**(Note: time shall be made up if the course is taken during regular working hours through adjusting the regular work day subject to agreement with Supervisor and Chair/Director/Dean)**

**(For Reason B and C above: an additional 15 minutes will be applied to the commencement and conclusion of the scheduled class for which the employee must make up the time)**

Provide details of the release arrangements for reasons B and C if the course(s) is taken during regular working hours. (To be completed by Supervisor)

I have read and understand the Lakehead University *Tuition Waiver – Staff and Faculty* policy located on the 'Policy' website and hereby agree with the terms and conditions under this policy. I verify the information provided above is correct. If the information provided is incorrect, I understand that I will be required to reimburse Lakehead University the full amount of the tuition waiver granted.

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

**Authorization for Reason A, B or C:**

Supervisor Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Departmental Budget Code \_\_\_\_\_

**Authorization for Reason B or C only:**

Chair/Director/Dean Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**HUMAN RESOURCES APPROVAL: FOR OFFICE USE ONLY**

Pro-rated consideration due to new hire Contract/Continuing Lecturer Member status. Pro-rated Tuition Waiver Entitlement: \$ \_\_\_\_\_

Human Resources Officer Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_