



1400 J.R. Lynch Street
 Jackson, Mississippi 39217-0299

REMISSION OF FEES FORM
 (Administrators, Faculty, and Staff)

This is to verify that:

_____ (Include Last, First, & Middle Name)

J-Number: _____ Department: _____

Department Account #: _____ P.O. Box #: _____ Telephone #: _____

is eligible for remission of fees for the _____ semester of the _____ - _____

academic year. Tuition Cost: \$ _____.

<u>Course ID</u>	<u>Course Title</u>	<u>Credit Hours</u>	<u>Days</u>	<u>Meeting Times</u>	
				<u>Start</u>	<u>End</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Employee Signature

Date

Approved by:

Supervisor

Date

Human Resources

Date

Please attach the Flex Time Arrangement form, if required.

The Online Degree and Executive PhD programs are not supported by remission of fees.

Revised August 5, 2020