



Jackson State University Employee Tuition Remission of Fees Form

Please Review the "3.3.1 Employee Tuition Remission Policy" in the Staff Handbook prior to completing this form.

| I. Employee Data | | | | |
|---|--------------------|---|-----------------------------------|-----------------------|
| Name (Last, First, Middle) _____ | | | JNumber _____ | |
| Department Name _____ | | Email _____ | | |
| Employment Status (Select One) ____ Full-Time ____ Part-Time | | Phone Number _____ | | |
| Employment Type (Select One) ____ Faculty ____ Staff | | Hire Date _____ | | |
| II. Student Enrollment Data | | | | |
| Classification (Select One): ____ Freshman ____ Sophomore ____ Junior ____ Senior ____ Graduate | | | | |
| Admit Type (Select One): (The Online Degree and Executive PhD programs are not supported by Tuition Remission of Fees.) ____ Traditional Degree Program ____ Online Degree Program ____ Non-Seeking Degree Program | | | | |
| School/College: (Ex. College of Business) _____ | | Area of Study (Ex. Accounting) _____ | | |
| School Term (Select the semester and enter the respective year tuition remission requested for.) ____ Fall ____ Spring ____ Summer Session I ____ Summer Session II Year 20____ | | | | |
| Ex. English I | Ex. ENG 101-80 | Ex. 3.00 | Ex. 6:00 PM | Ex. Mondays |
| Course Title _____ | Course ID _____ | Credit Hours _____ | Meeting Time _____ | Meeting Days _____ |
| Course Title _____ | Course ID _____ | Credit Hours _____ | Meeting Time _____ | Meeting Days _____ |
| III. Signatures | | | | |
| Employee _____ | | | Date: _____ | |
| Immediate Supervisor _____ | | | Date: _____ | |
| Human Resources _____ | | Date _____ | ____ Approved ____ Disapproved | |
| Financial Aid _____ | | Date _____ | ____ Approved ____ Disapproved | |

Revised July 14, 2023

Please Attach the Flex Time arrangement form, if required