

**ALCORN STATE UNIVERSITY
UNDERGRADUATE REMISSION OF FEE FORM**

Employer's Approval

Date: _____

_____, works in your department/office has requested permission to take _____ which is to be offered from (time) _____ to _____ on ___ MONDAY ___ TUESDAY ___ WEDNESDAY ___ THURSDAY ___ FRIDAY ___ DAILY ___ ONLINE.

NOTE: The course and time listed above must meet with your approval of your immediate supervisor before you are allowed to register with this form.

I certify that the above-named person is under my immediate supervision and has my permission and approval to take the course listed above at the time and day specified.

TYPED NAME OF IMMEDIATE SUPERVISOR

SIGNATURE OF IMMEDIATE SUPERVISOR

Provost and Senior Vice President for Approval

This is to certify that _____, ___ Faculty ___ Staff

A# _____, who works in the department/office of

_____, is eligible for remission of three hours of

undergraduate credit during the ___ Fall Semester, ___ Spring Semester ___ Summer Session I,

___ Summer Session II of _____.

APPROVED FOR REMISSION OF FEE:

Provost and Senior Vice President
Office of Academic Affairs

***The Undergraduate Remission of Fee Form is applicable for employees of Alcorn State University only.**