



**OFFICE OF GRADUATE STUDIES
REMISSION OF FEE FORM**

I. EMPLOYER'S APPROVAL

Date: _____

_____, works in your department/office has requested permission to take the following course(s):
(Employee's Name)

Course #1
 _____ which is to be offered from _____ to _____
 (Course Prefix, Number, Description) (Start Time) (End Time)

On-Campus: Monday Tuesday Wednesday Thursday Friday Saturday Daily

Online: Synchronous Asynchronous

Course #2
 _____ which is to be offered from _____ to _____
 (Course Prefix, Number, Description) (Start Time) (End Time)

On-Campus: Monday Tuesday Wednesday Thursday Friday Saturday Daily

Online: Synchronous Asynchronous

NOTE: The course and time listed above must meet with the approval of your immediate supervisor/chairperson 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(s) specified".

SIGNATURE OF IMMEDIATE SUPERVISOR

Typed/Printed Name of Supervisor

II. GRADUATE OFFICE APPROVAL (Information completed by the student in this section)

This is to certify that _____, Faculty Staff
student ID number _____, who works in the department/office of _____

is eligible for remission of the class(es) for graduate credit during the Fall Semester Spring Semester
 Summer I Session Summer II Session of _____.
(Year)

APPROVED FOR REMISSION OF FEE: _____
Associate Provost for Research, Innovation and Graduate Education

Date Approved for Remission of Fee

*The graduate Remission of Fee Form is applicable for employees of Alcorn State University only. The faculty or staff member must submit this typed form and copy of the semester Detail Class Schedule to the Graduate Office.