



UNDERGRADUATE REMISSION OF FEE FORM

Employer's Approval

Date: _____

_____, works in your department/office has requested permission to take (CRN# and course name) _____ which is to be offered from (time)

_____ am or pm to _____ am or pm on MONDAY TUESDAY
(class start time) (class end time)

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 Name of Immediate Supervisor

Provost and Senior Vice President for Approval (Information to be completed by employee)

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 _____
(year) (year)

Summer Session I, _____ Summer Session II _____
(year) (year)

Provost Signature for Approved 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.**