

**FACULTY FEE WAIVER FORM**  
**(Available to Tenure and Tenure-Earning Faculty Only)**

**Faculty Name** \_\_\_\_\_

**Faculty Rank** \_\_\_\_\_

**Faculty ID No.** \_\_\_\_\_

**Department** \_\_\_\_\_

**Semester of Requested Enrollment** \_\_\_\_\_

<b>Course ID(s) &amp; Name(s)</b>	<b>No. Credit Hours of Enrollment</b>
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**Signature of Chairperson** \_\_\_\_\_  
(Date)

**Chairperson's Rationale for Approval**

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**Signature of Dean** \_\_\_\_\_

**When completed, please forward to the Office of Academic Affairs, 220 Russ Hall.**