



PLEASE NOTE: This form must be completed in its entirety two weeks in advance of the first class.

Name of Employee: _____ Date: _____

Program Area of Instruction: _____

Academic Year: _____ – _____ Quarter/Semester: Summer Fall Winter Spring

Name of Institution: _____

	COURSE NUMBER	COURSE NAME	CREDIT HRS. SEM./QTR.	TUITION COSTS
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____

Employee's Signature Date

President/Provost/Vice President's Signature Date

Controller's Signature Date

Account #: 10-5620-6790-0003