



FACULTY/STAFF COURSE ENROLLMENT APPLICATION

The Employee Education and Training Plan ("the Plan") provides employees of Lamar University with assistance in obtaining additional college-level education and training to increase their value to the University.

Application deadline: First official class day of the semester/term. This application is not valid until approved by all administrative offices.

Employee Information

Employee Name (Last, First, Middle)

Contact Phone Number

Student ID (L#)

Job Title

Department Name

LU Email

Campus Location of Course(s)

____Lamar University ____Lamar Inst. of Technology ____Lamar State College Orange ____Lamar State College Port Arthur

Course Information

Waivers will be allowed, subject to the other provisions of the Plan, for no more than five courses per academic year (nominally September 1 through August 31) for any employee. The plan allows for two courses in each long semester and one course in the summer term. A new application is required for each term.

Course 1 Name & Number	Course 1 Description	Credit Hours	Semester/Year	Online On Campus
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Is this course job related? Yes No
If yes, please explain how it is related to your current job duties:

Course 2 Name & Number	Course 2 Description	Credit Hours	Semester/Year	Online On Campus
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Is this course job related? Yes No
If yes, please explain how it is related to your current job duties:

Absence from Workstation Requested

With the employee's supervisor and those above the supervisor's approval, release time for one class may be granted. Release time is not to exceed the time required for one course. An employee may take only one course a semester during the employee's scheduled work day.

Absence Requested for _____ at _____
Name/Number of course Day/Time of course

Absence approved: _____
Dean/Director Date

By submitting this form, you are requesting a waiver to cover the cost of tuition and fees for the course(s) listed above. *If courses are dropped or withdrawn after census (Academic Calendar - Lamar University), waiver will be revoked.*

Please refer to policy: [Section 5 - Conditions of Employment, Policy Number: 5.7- Employee Education and Training Plan](#)

**This application must be approved by all parties and received in the Financial Aid office prior to the start of the semester.
Please submit the form in adequate time to be approved by all parties.**

Employee Signature/Date

Dean, Director, Supervisor/Date

Revised 4/2024

FOR HUMAN RESOURCES & STUDENT FINANCIAL AID/ACCOUNT USE ONLY

EMPLOYEE FTE

DATE EMPLOYED

VERIFIED BY HR

DATE

\$ AMOUNT APPLIED TO STUDENT

APPLIED BY

DATE