SCHOLARSHIPS & FINANCIAL AID
LAMAR UNIVERSITY

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
_____	_____	_____	_____	

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
_____	_____	_____	_____	

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 _____ (Name/Number of course) at _____ (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. 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

FOR HUMAN RESOURCES & STUDENT FINANCIAL AID/ACCOUNT USE ONLY

EMPLOYEE FTE DATE EMPLOYED VERIFIED BY HR DATE

$ AMOUNT APPLIED TO STUDENT APPLIED BY DATE