

PRAIRIE VIEW A&M UNIVERSITY

Application for Full Time Employee Waiver

A waiver/refund of the following fees for full –time employees of PVAMU is available when employees are enrolled for courses at PVAMU in accordance with applicable institutional regulations: student service fee, library access fee, computer access fee, student health fee, student center complex fee, and the athletic fee. To receive this waiver/refund, the qualified (full-time) employee will be required to pay the above fees when registering at the beginning of each semester in accordance with applicable regulations and procedures, including installment payments. The employee may apply for a full refund of the fees above at the end of the semester if the employee completes the course (or courses) satisfactorily (“C” or better). Fees will not be waived for courses not passed or for courses from which the employee withdrew after the published date for receiving a full (or partial) refund. Refunds will be issued only after the employee’s qualification for the waiver has been verified, including verification of full-time employee status at the time the course(s) were taken, and being enrolled in courses identified in an approved degree plan. Waiver/refund of fees will not be approved for a part-time employee or for any course not included in an approved degree plan. For purposes of this waiver/refund, individuals must be employed on a full-time (100%) basis throughout the entire semester for which the waiver/refund is requested. The employee’s immediate supervisor, dean or Director (if applicable), and vice president must approve the employee’s application for refund/waiver before the Fiscal Office will issue the refund. To receive the refund, the employee must apply within 30 days following the end of a fall or spring semester and within 15 days following the end of a summer semester. Please allow 10 business days for processing the application. Please note: If you are receiving financial aid, your aid may be reduced due to this waiver you may receive (please consult your F/A counselor).

Applicant

Applicant Name: _____ UIN#: _____ SID#: _____

Address: _____ Telephone #: _____

Dept. Employed: _____ Date of Full-time Employment: _____

Immediate Supervisor: _____ College: _____ Degree Sought: _____

Major: _____ Current Classification: _____ Term Enrolled: _____

Applicant's Signature: _____ Date: _____

Applicant Immediate Supervisor Please check the appropriate box below and sign

- I certify that the above applicant **is** employed on a full-time basis at PVAMU under my supervision in the department employed listed above.
- I certify that the above applicant **is not** employed on a full-time basis at PVAMU under my supervision in the department employed listed above.

Signature of Immediate Supervisor: _____ Date: _____

Signature of Dean or Director (if applicable): _____ Date: _____

Signature of Vice President: _____ Date: _____

Dean of College/School Please check the appropriate box below in each section and sign

- I certify that the above student **is** enrolled in the degree program listed above.
- I certify that the above student **is not** enrolled in the degree program listed above.
- I certify that the courses enrolled in for the term listed above for this applicant **meet** the requirements of the degree listed above.
- I certify that the courses enrolled in for the term listed above for this applicant **do not meet** the requirements of the degree listed above.

Signature of Dean of College/School: _____ Date: _____

Registrar’s Office Please check the appropriate box below and sign

- I certify that the above applicant **has** completed all courses registered for the term listed above with a grade of “C” or better.
 - I certify that the above applicant **has not** completed all courses registered for the term listed above with a grade of “C” or better.
- Please list all courses below not completed satisfactorily.

Course: _____ Credit Hours: _____
 Course: _____ Credit Hours: _____

Signature of Registrar: _____ Date: _____

Payroll Office Please check the appropriate box below and sign

- I certify that the above applicant **is** currently a full-time employee here at PVAMU and was a full-time employee for the full term listed above.
- I certify that the above applicant is currently **not** a full-time employee here at PVAMU **and/or was not** a full-time employee for the full term listed above.

Signature of Asst. Manager of Budget & Payroll/Payroll Specialist: _____ Date: _____

Treasury Services

Amount of Waiver applied to student’s account: \$ _____ If \$0.00, reason is _____

Signature of Manager of Treasury Services: _____ Date: _____