

SCHOOL/DIVISION _____ DEPARTMENT _____ SEMESTER _____

The person named below has permission to take a course(s) under the terms and conditions of the University's Further Education Policy:

1. _____
NAME (Type or Print) Personnel ID or Social Security Number Student Number

2. One (1) course to be taken during the workday Yes No

Maximum of four (4) hours per week absence from work for **one course** is authorized; except during summer terms where one course can be taken, but all hours over four must be made up. **NOTE: ONLY ONE COURSE IS ALLOWED DURING THE WORKDAY.**

3. One (1) course to be taken outside the workday: Yes No

a. Give workday: _____ (hour) to _____ (hour)

b. Give lunch schedule: _____ (hour) to _____ (hour)

c. Other (rotating shifts, part-time, etc.): _____

List course(s). If course(s) is for audit, certify if it is work-related. Courses for audit must be approved by Human Resources.

_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Course Number and Title	Day and Time	Work-Related	Independent Study

_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Course Number and Title	Day and Time	Work-Related	Independent Study

Section 117 of the Internal Revenue Code allows for the exclusion from gross income the amount of employer-provided educational assistance the University provides for all undergraduate education. Section 127 of the Internal Revenue Code allows for the exclusion from your gross income of educational assistance provided to you by the University for graduate-level coursework up to the amount of \$5,250.00. When the amount of educational assistance provided to you by the University in a calendar year exceeds \$5,250.00, the amount exceeding \$5,250.00 will be included in your gross income and taxed appropriately through the payroll system.

I understand that: (a) if I do not successfully complete courses for which this waiver is issued, I will be ineligible to receive a waiver of tuition fees until I reestablish my eligibility by successfully completing courses at my own expense; (b) if I do not successfully complete any courses presently being taken under the Further Education Policy, I will be required to pay for any preregistered course for next semester; (c) additional courses may be taken outside the standard workday at my expense only if they do not adversely affect my work performance; (d) I affirm under penalty of perjury that, if required by federal law, I am registered with Selective Service; (e) I am responsible for obtaining a university Web ID and accessing "Check Your Status" at www.olemiss.edu/depts/financial_aid/ to ensure that my waiver has been awarded.

Awards must be accepted online.

_____	_____
Employee's Signature	Date
APPROVED BY	
_____	_____
Department Head	Date
_____	_____
Director of Human Resources	Date

Please note that additional fees may be assessed for some classes. These fees average \$30.00 but some are significantly lower or higher than this figure and are NOT covered by this policy. Faculty and Staff members wishing to enroll in classes where an additional lab/class fee is charged will be responsible for paying this charge.