

## Professional Development & Tuition Fee Waiver Request Approval

Semester	_____
Spring	_____
Summer	_____
Fall	_____

Please submit this form **prior to** enrollment to the appropriate supervisor, dean or administrator for approval each semester. Failure to do so will void the tuition fee waiver or reimbursement and the employee will be responsible for tuition and fee costs. *Professional Development outside coursework will be handled by your division/administrator. You DO NOT have to fill out this form.*

If this is an additional form, please check box.

### I. MAC EMPLOYEE INFORMATION:

Name: \_\_\_\_\_ JICS#: \_\_\_\_\_  
Last First MI

Daytime Contact Phone Number: \_\_\_\_\_

<i>Check One</i> ___ Full-time employee ___ Part-time employee ___ MAC Retiree ___ TCRC Full-time employee ___ CMU Full-time employee ___ Dual Credit Liaison ___ Dual Credit Instructor	<i>Check One</i> ___ Faculty ___ Classified Staff ___ Administration	<i>Primary Work Location</i> ___ Park Hills Main Campus  Out Reach Centers: ___ Farmington ___ Fredericktown Campus ___ Perryville Campus ___ Potosi Campus ___ Winona Campus ___ Other _____	<i>Primary Division Employed</i> ___ Arts/Sciences ___ Career/Technical Education ___ Student Services ___ Business Office ___ General Services ___ President's Office
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### II. Spouse/Dependent: If student is A+ eligible, a book scholarship will be awarded each semester. All books must be returned to the bookstore at the end of the semester. All A+ paperwork must be complete and on file with the Financial Aid Office

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Last First MI

Check one as it applies to the student: \_\_\_ Spouse \_\_\_ \*Dependent

**\*Dependent is defined as any dependent that is currently claimed by the employee for federal tax reporting.**

### III. A+ Eligible: \_\_\_ Yes (If A+ eligible, textbooks will be paid for.) \_\_\_ No

Please list course(s) in which you plan to enroll. **MAC and CMU classes only.**

Course #	Course Title	Institution	Credit Hours	Days & Times	Start Date

Total hours enrolled: \_\_\_\_\_

**TO MAKE CHANGES:** If a class is cancelled or dropped, please notify HR. If a class(es) is added, submit another professional development form to HR.

**IV. MINERAL AREA COLLEGE EMPLOYEES ONLY, TAKING MAC & CMU CLASSES**

**PLEASE CHECK ALL THAT APPLY**

- A Seeking a Degree**  
Please list the degree you are seeking and the institution from which your degree will be granted: Degree \_\_\_\_\_  
Institution \_\_\_\_\_
- B Improve Existing Job Skills** (an occasional course related to your current job)  
On an attached page, briefly explain how the course(s) will enhance your job performance in your position at Mineral Area College.
- C Personal Enrichment** (an occasional Mineral Area College course, i.e. Wellness Center, Photography, etc.)

**V. MINERAL AREA COLLEGE FULL-TIME EMPLOYEES TAKING CLASSES OTHER THAN MAC AND CMU CLASSES and Requesting Tuition Reimbursement**

*\* Full-time employees will be responsible for repayment of reimbursed tuition if the employee voluntarily leaves during, or within 2 years of completion of, degree plan. (See Tuition/Fee Waiver Request Guidelines)*

- D Professional Enhancement** (On an attached page, briefly explain how the course(s) will enhance job performance in your position at Mineral Area College, or is required for certification, etc.)
- E Education Plan** (for those employees seeking a degree). Attach an outline of your plan for degree completion. A degree plan must be on file and approved by the appropriate Dean or administrator prior to the employee enrolling in courses that lead to degree completion.
- F Please list courses in which you currently plan to enroll** (limited to 6 credit hours per semester for reimbursement)  
Semester/Term (circle one): Fall Spring Summer Year: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Course: \_\_\_\_\_ Credit Hours: \_\_\_\_\_  
Course: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

*Upon completion of the above course(s), complete and submit the Application for Tuition Reimbursement to the HR office.*

**VI. SIGNATURES FOR APPROVAL:**

By my signature, I certify that the following statements are all true:

- My current performance is at a satisfactory level. (I do not have a performance improvement plan in place.)
- I have been employed by Mineral Area College in a full-time or part-time position for at least 6 months.

(A) Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(B) Supervisor/Dean Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(This approves employee to take class during work time, and make up work as arranged with supervisor. If approved, forward signed form to the Human Resources Office)*  
\_\_\_ Approved for ( ) credit hours  
\_\_\_ Disapproved

(C) Approval, Human Resource Development

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: A copy of the signed Tuition Fee Waiver Request form will be returned to the **employee and administrator/dean** and a copy kept in **Human Resources Office** (for non-MAC classes), **Financial Aid Office** (for MAC classes) or sent to **Regional Dean (for CMU at MAC classes)**.

