Professional Development & Tuition Fee Waiver Request Approval

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.

I. MAC EMPLOYEE INFORMATION:

<table>
<thead>
<tr>
<th>Check One</th>
<th>Check One</th>
<th>Primary Work Location</th>
<th>Primary Division Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>___Full-time employee</td>
<td>___Faculty</td>
<td>___Park Hills Main Campus</td>
<td>___Arts/Sciences</td>
</tr>
<tr>
<td>___Part-time employee</td>
<td>___Classified Staff</td>
<td>Out Reach Centers:</td>
<td>___Career/Technical Education</td>
</tr>
<tr>
<td>___MAC Retiree</td>
<td>___Administration</td>
<td>___Fredericktown Campus</td>
<td>___Student Services</td>
</tr>
<tr>
<td>___TCRC Full-time employee</td>
<td></td>
<td>___Perryville Campus</td>
<td>___Business Office</td>
</tr>
<tr>
<td>___CMU Full-time employee</td>
<td></td>
<td>___Potosi Campus</td>
<td>___General Services</td>
</tr>
<tr>
<td>___Dual Credit Liaison</td>
<td></td>
<td>___Winona Campus</td>
<td>___President’s Office</td>
</tr>
<tr>
<td>___Dual Credit Instructor</td>
<td></td>
<td><em><strong>Other</strong></em>__________________</td>
<td></td>
</tr>
</tbody>
</table>

Daytime Contact Phone Number: ____________________________

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.

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Institution</th>
<th>Credit Hours</th>
<th>Days &amp; Times</th>
<th>Start Date</th>
</tr>
</thead>
</table>

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).

Revised: October 27, 2009