



**SHAWNEE COMMUNITY COLLEGE
TUITION/FEES WAIVER REQUEST**

Full-Time Faculty/Staff

Part-time Faculty
(4 credit hours maximum)

Student's Name

Social Security Number/ID Number

Fall Semester

Summer Semester

Spring Semester

REQUESTED COURSE(S)

Class Name	Class Number	Section Number	Weekday & Time

Faculty/Staff Signature

Date

Supervisor Signature

Date

President's Signature

Date