

# MMC

## Application for FULL TIME EMPLOYEE Tuition Remission *Continuing Education Courses*

Employee Name \_\_\_\_\_ Department \_\_\_\_\_

Tuition remission, for **one (1) non-credit course per semester**, is extended to full-time employees. Courses may not be scheduled during working hours or lunch periods, nor will these hours be adjusted to accommodate such scheduling.

I hereby request **EMPLOYEE** tuition remission for the \_\_\_\_\_ Semester, 20\_\_.

\_\_\_\_\_  
**Department Head Signature                      Date                      Employee Signature                      Date**

**The following Continuing Education course information is required.**

<b>Course Number</b>	<b>Date/Days</b>	<b>Time</b>
<b>Total:</b>		

**This form must be returned to the Human Resources Department before enrolling in courses.**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
**Continuing Ed Director**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Charge to: 11-90722-45000  
**Human Resource Director**

**Please Note: Employees taking courses at MMC are subject to all course related fees.**