

LOUISIANA STATE UNIVERSITY  
Health Sciences Center-Shreveport

**REQUEST FOR TUITION EXEMPTION/EDUCATIONAL LEAVE**  
**(Please Type or Print Clearly)**

During the \_\_\_\_\_ Semester, 20\_\_ I, \_\_\_\_\_  
(print name)

am requesting your approval for Tuition Exemption  and/or Educational Leave   
to attend the following classes:

**TUITION EXEMPTION APPLIES TO LSU CAMPUSES ONLY**

_____			
Campus			
_____	_____	_____	_____
Course Name	Credit Hrs.	Days	Time
_____	_____	_____	_____
Course Name	Credit Hrs.	Days	Time

My regular work schedule is: \_\_\_\_\_  
Days Hours

Last semester attended: \_\_\_\_\_

My signature is attesting to the fact that I am in compliance with all eligibility requirements. If it is determined that I have not complied with these requirements, I will be required to drop the course(s) or pay the required tuition. I hereby give permission to release my final exam grade and/or grade for the course(s) listed above to my supervisor and attach a copy of the last relevant semester grades to this form as required in the criteria for eligibility.

\_\_\_\_\_  
**Employee's Signature**                      **Social Security No.**                      **Date**

\_\_\_\_\_  
**Department**                                      **Job Title**                                      **Work Phone**

Approved By: \_\_\_\_\_  
Department Head/Supervisor                      Date

\_\_\_\_\_  
Director, Human Resources                      Date