



TEXAS SOUTHMOST COLLEGE
EMPLOYEE FREE TUITION APPLICATION

To be completed by employee, approved by supervisor, and returned to the Office of Human Resources along with a Statement of Charges.

Employee Name: _____ Colleague ID# _____

Division & Department: _____

Home Address: _____
Street City State Zip

Term and Year: _____

Name of Course(s) for Tuition Waiver:

_____ Days/Times
_____ Days/Times
_____ Days/Times
_____ Days/Times
_____ Days/Times

Employee Signature _____ Date _____

Supervisor's justification: Please explain how the employee's work schedule will be altered:

Supervisor's Signature _____ Date _____

Vice President's Signature _____ Date _____

Has this employee actively worked full-time for 12 mos? Yes No

Chief Human Resources Officer _____ Date Approved _____