



TUITION FEE REMISSION APPLICATION FORM

DEGREE-CREDIT COURSES / DEGREE PROGRAM FOR CONTINUING/REGULAR SUPPORT STAFF

PART A. APPLICANT TO COMPLETE AND FORWARD TO APPROPRIATE ADMINISTRATIVE HEAD

Name: _____ Employee #: _____ Student #: _____
 Employee Group: _____ Department: _____ Office phone #: _____
 Interdepartmental mail address: _____ E-mail address: _____

University of Manitoba Undergraduate Degree-Credit Course Information

- ◆ Courses that begin and end on the same dates can be included on the same form.
- ◆ Complete separate forms for courses that begin and/or end on different dates.
- ◆ Both parts of courses with two parts (A & B) are to be included on the same form.

◆ **Form must be completed and submitted to Learning & Development Services for approval prior to the beginning of the course(s).**

Course Numbers(s):	1) _____	Course Title(s):	1) _____	Cost:	1) \$ _____
	2) _____		2) _____		2) \$ _____
	3) _____		3) _____		3) \$ _____
	4) _____		4) _____		4) \$ _____

- OR -

Graduate Program: _____ Program Fee: \$ _____

Start Date: _____ End Date: _____ Session: Regular Summer Distance

Course Taken During Normal Work Hours: Yes No If yes, arrangements made to make up time: Yes

Course/Degree Faculty: _____ Year in Degree/Program: _____

Photocopy of fee statement: Attached To be submitted with mark

Applicant's Signature: _____ Date: _____

PART B. SUPERVISOR AND DEAN OR DIRECTOR OF SCHOOL/ADMINISTRATIVE UNIT TO COMPLETE AND FORWARD TO LEARNING & DEVELOPMENT SERVICES, 222 ISBISTER BUILDING

Please sign for information purposes and, if applicable, to indicate approval for any arrangements for making up any time loss.

Comments: _____

Signature, Immediate Supervisor: _____ Date: _____

Signature, Dean/Director/Designate: _____ Date: _____

PART C. FOLLOWING COMPLETION OF COURSE, COMPLETE THIS SECTION ON PHOTOCOPY, ATTACH TO MARK/FEE STATEMENT AND RE-SUBMIT TO LEARNING & DEVELOPMENT SERVICES

- Photocopy of mark statement.
- Photocopy of fee statement (if not previously submitted).

PART D. FOR COMPLETION BY LEARNING & DEVELOPMENT SERVICES

Fiscal Year: 201 / 1 S # _____ Full-time continuing: Yes No University start date: _____

Passed probationary period: Yes No Minimum 1 year service at beginning of term: Yes No

Approved: Yes No

1) Course tuition: \$ _____

2) Course tuition: \$ _____

3) Course tuition: \$ _____

4) Course tuition: \$ _____

Graduate Program fee: \$ _____

OR

Comments: _____

Signature: _____ Date: _____ Photocopy sent Access

FOAP to be charged: 110000 – 520701 – 710101 – 1200 Amount to be Reimbursed: \$ _____