



Norfolk State University  
Employee Education Benefit Program  
(Tuition Waiver Request)

Employee Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Work Related

Non-work Related

Non-tuition Waiver

Semester/Term: \_\_\_\_\_

Courses	Time	Days of Week
1.		
2.		
3.		
4.		

**Approvals**

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Dean/Director: \_\_\_\_\_

Date: \_\_\_\_\_

HR Office: \_\_\_\_\_

Date: \_\_\_\_\_

This is to certify that I have read and understand Policy No. 45.002 - Employee Education Benefit Program.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_