



**OFFICE OF GRADUATE STUDIES
REMISSION OF FEE FORM**

I. EMPLOYER'S APPROVAL

Date: _____

_____, works in your department/office has requested

permission to take _____ which is to be offered from
(Course prefix, number and title)

_____ to _____ on ___ MONDAY ___ TUESDAY ___ WEDNESDAY ___ THURSDAY
(Start Time) (End Time)

___ FRIDAY ___ DAILY ___ ONLINE.

NOTE: The course and time listed above must meet with the approval of your immediate supervisor/chairperson before you are allowed to register with this form.

“I certify that the above-named person is under my immediate supervision and has my permission and approval to take the course listed above at the time and day(s) specified”.

SIGNATURE OF IMMEDIATE SUPERVISOR

II. GRADUATE OFFICE APPROVAL (Information completed by student in this section)

This is to certify that _____, Faculty Staff

student number _____, who works in the department/office of

_____, is eligible for remission of one class of graduate credit

during the ___ Fall Semester ___ Spring Semester ___ Summer Session I ___ Summer Session II

of _____.

(Year)

APPROVED FOR REMISSION OF FEE: _____

Director of Graduate Studies

Date Approved for Remission of Fee

***The graduate Remission of Fee Form is applicable for employees of Alcorn State University only. The faculty or staff member must submit this typed form in person to the Graduate Office.**