Non-Credit Waiver of Fee for Employees

This fee waiver is for **FULL-TIME** SUNY Broome employees or his/her legal spouse or dependent child. Registration via waiver is acceptable only when the non-credit course has met prescribed cost quota and if space is then available. See your union contract for specific information on eligibility. Waiver does **NOT** apply to Travel Center, special event programs, or to any supply or refreshment costs even when included in advertised fee.

Registrant Info: (please fill in completely)

Represented by: (check one)

☐ **Administration** ☐ **ESPA** ☐ **Faculty Association** ☐ **Guild** ☐ **Part-Time Faculty**

Name: _____ **DOB**_____

Home Address: _____

_____

Day Phone # _____ **Evening Phone #** _____

Email address: _____

Employee Name (if different than Registrant) _____

Employee Department _____

Course & Sect. #: _____ **Title:** _____

Are you willing to pay "Amount Waived" if the course fills?: (check one) ☐ ***yes*** ☐ ***no***

Course Fee **$**_____

Fees not covered (payable when waiver submitted) **$**_____

Total Amount Waived **$**_____

(*Office use only*) **Waiver:** ☐ **Approved** ☐ **Declined** ☐ **Void**

Reason (if declined or void): _____ **Order #** _____

Initials: _____ **Date:** _____ **Employee billed this amount $**_____

If you have checked "yes" above and the course fills, or if you fail to attend without cancelling within the refund period, you will be billed for the cost of the program.

I hereby apply for the above fee waiver and certify that I am a **full-time employee** of SUNY Broome or that the registrant above is my legal spouse or dependent child.

Employee Signature _____

Received by Continuing Education: _____ Date: _____

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