



Volunteer State Community College
Tennessee Board of Regents
Application for Fee Waiver (PC 191 Form)

I. To Be Completed By the Employee

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Employee Account#: \_\_\_\_\_

Institution Employed: \_\_\_\_\_

Department/Division: \_\_\_\_\_ Account # \_\_\_\_\_

I request approval to enroll in a course during the \_\_\_\_\_ term at \_\_\_\_\_

(Institution/school). The course in which I wish to enroll is \_\_\_\_\_

(Title and number), which carries \_\_\_\_\_ hours of credit and meets from \_\_\_\_\_ to \_\_\_\_\_

on \_\_\_\_\_ (days of week) from \_\_\_\_\_ to \_\_\_\_\_ (dates).

This course is for: Credit \_\_\_\_\_ Audit \_\_\_\_\_ Graduate \_\_\_\_\_ Undergraduate \_\_\_\_\_

I understand the conditions affecting my enrollment in this course.

Signature \_\_\_\_\_ Date \_\_\_\_\_

II. Approval Recommendation

Immediate Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

Vice-President: \_\_\_\_\_ Date \_\_\_\_\_

III. Employment Certification

Date of full-time employment: \_\_\_\_\_

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

Human Resources Representative

Note to accepting institutions: This employee has been approved to participate in the PC-191 Program on a fee waiver basis only. The accepting institution/school will not be liable for any fees due as a result of the above employee's enrollment in the referenced class.

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200 \_\_\_ Instruction

300 \_\_\_ Public Service

350 \_\_\_ Academic Support

400 \_\_\_ Student Services

450 \_\_\_ Institutional Support

500 \_\_\_ Physical Plant