



Nicholls State University

**REQUEST FOR ULS PPM: FB.IV.V.0.LA TUITION REDUCTION  
COMPLETE ONE FORM FOR EACH ELIGIBLE PERSON FOR EACH SEMESTER**

EMPLOYEE NAME: \_\_\_\_\_ N# \_\_\_\_\_ FACULTY  STAFF

SEMESTER REGISTERING FOR: FALL  SPRING  SUMMER  YEAR \_\_\_\_\_

CAMPUS PHONE #: \_\_\_\_\_ FULL-TIME EMPLOYMENT:  YES  NO

**PERSON FOR WHOM EXEMPTION IS BEING CLAIMED:** (if for employee, please select undergraduate or graduate)

UNIVERSITY ATTENDING \_\_\_\_\_

EMPLOYEE STUDENT ID#: \_\_\_\_\_  UNDERGRADUATE  GRADUATE  
(of university attending if exemption is for employee)

\_\_\_\_\_  
Signature of Faculty or Staff Member Supervisor Date

DEPENDENT:  SON/DAUGHTER  SPOUSE (UNDERGRADUATE)

DEPENDENT NAME \_\_\_\_\_ ID# \_\_\_\_\_  
(if exemption is for dependent) (of university attending)

SPOUSE NAME \_\_\_\_\_ ID# \_\_\_\_\_  
(if exemption is for spouse) (of university attending)

I CERTIFY THAT THE FOREGOING INFORMATION IS CORRECT.

\_\_\_\_\_  
Signature of Faculty or Staff Member Date

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Approval of University Presidents needed for employees/dependents attending other Universities only

\_\_\_\_\_  
Nicholls State University President Signature Date

\_\_\_\_\_  
University President Signature Date