

NICHOLLS STATE UNIVERSITY

REQUEST FOR ULS PPM: FB.IV.V.O.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)

*DEPENDENT (UNDERGRADUATE ONLY) SON/DAUGHTER SPOUSE

*DEPENDENT NAME _____ ID # _____ DOB _____
(if exemption is for dependent) (of university attending)

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

*IS DEPENDENT CLAIMED ON YOUR CURRENT TAX RETURN? YES NO

*THE DEPENDENT LISTED MUST BE CLAIMED BY YOU ON YOUR INCOME TAX RETURN DURING THE
CALENDAR YEAR IN WHICH THE TUITION REDUCTION IS BEING REQUESTED. PROOF MAY BE REQUIRED.

I CERTIFY THAT THE FOREGOING INFORMATION IS CORRECT.

Signature of Faculty/Staff Member Date

Signature of Faculty/Staff Member Supervisor Date
(required only if exemption is for employee)

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

Nicholls State University President Signature Date

University President Signature Date

Office use only - Employment Verification: _____ Faculty _____ Staff

Full-time start date: _____ Verified by: _____, Controller's Office