ACADEMIC COURSE APPLICATION

Date: To: (Manager) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

From: (Employee)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Subject: Request for approval to enroll in Academic Course

In addition to training programs designed specifically for OSU employees, staff who meet the academic requirements of the University may enroll in University courses for professional growth and development. To promote this principle, fee waivers will be given as listed according to OSU policy 3-0744,1.05.

Being in active status, 100% FTE, continuous regular staff; I request approval to take the following academic course during my normal scheduled work time. I understand that only one course or a maximum of five hours will be allowed during normal working hours and that all lost work time will be made-up in accordance with an approved work make-up schedule.

Fall Spring Summer year Course title: Credit hours:

Employee signature: ---- ----------------

Approved \_ Denied\* ----

**Supervisor** Date

\*If denied please explain:

Approved---- Denied\*--

**Director/Chief Facilities Officer** Date

**Copy to: Employee, Supervisor, Physical Plant Personnel File**