## WAIVER APPLICATION FOR LOUISIANA DELTA COMMUNITY COLLEGE TUITION BENEFIT UNIVERSITY OF LOUISIANA AT MONROE EMPLOYEE

This form must be submitted for each semester in which the tuition benefit is requested. Submit a copy with original signatures at least two weeks before LA Delta's final bill payment date of the semester to:

Bursar's Office LA Delta Community College 7500 Millhaven Road Monroe, LA 71203

Bill payment dates are available at LA Delta's website: www.ladelta.edu

**LADelta Vice Chancellor for Student Affairs** 

	type or print all information.			
ULM Employee Name (Last, First, MI)  Degree being pursued		ULM ID Number	LA Delta Campus Wide ID Number  Major	
s	subject and Course Number	Credit Hours	Year	Campus/Locatio
<ol> <li>1.</li> <li>2.</li> <li>3.</li> </ol>	The following conditions apply to ULM employees who seek the La Delta tuition benefit below. The employee must:  a. Be a degree seeking student at La Delta b. Be employed on a full-time at ULM c. Submit an application for admission to La Delta and pay the appropriate application fee(s) d. Meet admission requirements for LA Delta e. Adhere to La Delta policies and procedures f. Submit a signed and completed copy of this form for each semester in which the benefit is requested ULM employees who meet all requirements listed above may register at La Delta for: a. Up to six credit hours per term in undergraduate courses at a rate of \$25.00 per credit hour; or b. Up to six credit hours per term in graduate courses at a rate of \$50.00 per credit hour ULM employees who enroll in La Delta courses under this program must pay the academic excellence fee, operational			
4. 5. 6.	fee, and student technology fee, whice The tuition benefit shall apply only to Courses must be taken for credit; fee. The tuition benefit may not be used in ULM employee account balances mu	h shall be prorated for part time courses and programs not avail s will not be waived for audit cla n combination with any other dis	e enrollees. lable at ULM and for which asses. scounted program.	
1.	· ,			
7. I certify	that I meet all of the criteria and ag	gree to the terms specified a	bove.	

Signature

Date