

# Bluefield State UNIVERSITY

## Faculty/Staff Request for Tuition Waiver

Name

ID or SSN

Address

Phone Number

Office Phone

Rank/Title or Classification

Years at BSU

School Term of Request

Courses for which a tuition waiver is requested with days and times:

This activity will contribute to or enhance my ability to perform my Bluefield State University responsibilities in the following way(s):

**BY SIGNING BELOW, I SIGNIFY THAT I UNDERSTAND THE FOLLOWING**

**(1) I have a commitment to continue my employment at Bluefield State University for a period of one year after the completion of the activity financed. Should I voluntarily leave BSU before this period ends, I will make full repayment of tuition and fees waived.**

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

Faculty

or Staff

Date

**STATEMENT FROM SCHOOL DEAN/SUPERVISOR:**

**I recommend approval of this request for tuition waiver for the requested classes:**

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

Completed copies should be submitted to the Financial Aid Office, Conley Hall - C106, or emailed to [FinancialAid@bluefieldstate.edu](mailto:FinancialAid@bluefieldstate.edu).

Revised 12/2/2022