Middle Tennessee State University
Employee Audit/Non-Credit Form

Name: ________________________________________
  Last ____________________ First ____________________ M.I. __________ ID No. ________________

Department: ____________________ Index #: ____________________

Job Title: ____________________

Phone: ____________________ Employment Date: ____________ Full Time ___Yes ___No
  Home/Cell ____________________ Work ____________________

I request to enroll in the following course offered at Middle Tennessee State University (MTSU).

<table>
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<tr>
<th>Course #</th>
<th>Title</th>
<th>Hours/CEUs</th>
<th>Class Period (time/days) (Example: TTH 9-10)</th>
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______ _____ ___ Audit ___ Job Related Non-Credit ___Wellness Course
Semester Year ___Graduate ___Undergraduate

Alternate Work Schedule Requested: ___ Yes ___ No (If yes, attach schedule.)

If this is a job related non-credit course, please explain how it is related to your job:

I have read and fully understand the requirements (as detailed in Policy 830) related to my above stated request for educational assistance, including stipulations related to future use of the program, proof of satisfactory course completion, provision of receipts for reimbursement requests, and stipulations related to payback provisions.

I attest that the employee meets the program requirements for the stated request.

_________ ___________ ___________
Immediate Supervisor’s Signature Date Job Title

AUTHORIZATION SECTION

If the tax provisions discussed in the instructions apply, do you consider the course job related? ___ Yes ___ No

I approve the above request and have addressed scheduling issues related to the employee's attendance in the class detailed in the above request.

_________ ___________ ___________
Immediate Supervisor’s Signature Date Job Title

EMPLOYMENT CERTIFICATION

Date of Regular Employment ___________ Percent Full-Time ___________ Account No. ___________
(6 Mo. Service Required)

Approved, Human Resource Services ___________ Date ___________

Revised 05/2017