

LOUISIANA TECH
UNIVERSITY®
University Fee Waiver Request Form

PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

EMPLOYEE'S EMAIL:

DEPARTMENT NAME:

YEARS EMPLOYED AT
LOUISIANA TECH:

CWID#:

**RELATIONSHIP TO
EMPLOYEE:**

SELF

SPOUSE

DEPENDENT

SPOUSE/DEPENDENT INFORMATION

LAST NAME:

FIRST NAME:

DATE OF BIRTH:

CWID#:

ULS UNIVERSITY INFORMATION

UNIVERSITY TO ATTEND:

SEMESTER/QUARTER
REQUESTED:

SIGNATURE: _____

DATE SIGNED:

Please fill out form and return to the President's Office, Wylly Tower, 16th Floor, Room 1620, or Campus Mail Box #1. Contact Dora Craighead (318)257-3785 with questions.