

CITY OF PORTLAND

**UNIVERSITY OF SOUTHERN MAINE
50% TUITION REDUCTION VOUCHER**

This Voucher is for graduate and undergraduate degree courses **only**. This does not include courses offered through the School of Law and Department of Community Programs. Does not include books.

ROUTING

Complete original and two copies; press firmly when writing. Have completed form signed by Department/Division Head. Forward all copies to the Human Resources Department. Original and one copy will be returned to you. This form must be attached to USM's registration form at the time payment is made for the course. No tuition reduction will be credited after payment to USM is made.

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50% TUITION REDUCTION AUTHORIZATION

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Employee Name:_____ **Position Title:**_____

Employee Address:_____

Social Security Number:_____

Course Title:_____ **Course #:**_____

Starting Date:_____ **Ending Date:**_____

Meeting Time:_____

Tuition:_____ **Enrollment/Lab Fee:**_____ **Total:**_____

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APPROVED:

DEPARTMENT/DIVISION HEAD

Signature

Title

Date

DIRECTOR OF HUMAN RESOURCES/REPRESENTATIVE

Signature

Title

Date