**EARLY COLLEGE FULL-TIME FACULTY GA POSITIONS**
(tuition only for relevant degree courses; no stipends or fees)

Name of Early College Full-time Faculty Member: ________________________________

GCSU-ID Number: 911 ________________________________________________
(do not send through email)

Semester Requested for Tuition Payment: Fall____ Spring____ Summer____ 20___

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<tr>
<th>Course Name</th>
<th>Course Number</th>
<th>Credit Hours</th>
<th>Term</th>
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Approved:

_______________________________________________________ ______________________________
Program Advisor (If 9-11 hours, must have Request Form; if 12 or more, must have Petition)

_______________________________________________________ Date
*GCEC Principal

_______________________________________________________ Date
COE Dean (certifies enrollment in COE degree program)

_______________________________________________________ Date
GCSU President (If Maymester)

_______________________________________________________ Date

*This signature indicates that the Principal approves the faculty member’s taking the course(s). It also signifies that the course(s) are related to the faculty member’s work in Early College.

Dean’s Office must receive the form completed and signed by the following dates:

- **July 1** for Fall semesters
- **December 1** for Spring semesters
- **April 1** for Summer semesters

Please see [Georgia College Early College (GCEC) Faculty Policy Sheet for Taking Graduate Level Courses](#) for guidelines affecting this tuition payment.

Rev:6/10