

**Employee Enrollment**

Complete Sections I, II & IV.

**Spouse/ Dep. Enrollment**

Complete Sections I, II, III &/or IV & V.

**Bursar's Use Only**

Course Level \_\_\_\_\_

\$ Amount \_\_\_\_\_

Murray State University  
**REQUEST FOR WAIVER OF TUITION**  
HEA 189 and Community Courses  
(One Person per Waiver Form)

**Section I. Employee Information**

Employee  
Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_ M Number \_\_\_\_\_

Department \_\_\_\_\_ Position Title \_\_\_\_\_ Office Phone No. \_\_\_\_\_

**Section II. Course Information**

HEA 189

Community Course Course Name \_\_\_\_\_

Community Course Course Name \_\_\_\_\_

Community Course Course Name \_\_\_\_\_

Year \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_

**Section III. Spouse Information** (To be completed for spouse enrollment only)

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_ M Number \_\_\_\_\_

**Section IV. Dependent Information** (To be completed for dependent enrollment only for Community Courses)

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_ M Number \_\_\_\_\_

Relationship to Employee \_\_\_\_\_ Date of Birth \_\_\_\_\_

Claimed as dependent on last year's tax form: Y "N Will claim on this year's tax form: Y "N

Classification: Graduate Student Undergraduate Student Other \_\_\_\_\_

**Section V. Authorization**

(1) \_\_\_\_\_ Date \_\_\_\_\_ (3) \_\_\_\_\_ Date \_\_\_\_\_  
Employee Bursar's Office

(2) \_\_\_\_\_ Date \_\_\_\_\_  
Human Resources

**THE TUITION WAIVED BY MSU MAY BE A TAXABLE BENEFIT.**

*This form must be approved and presented to the Bursar's Office before the registration deadline.*

**FOR HUMAN RESOURCES OFFICE USE ONLY**

Continuous Service (Faculty – one semester, Staff – six months) \_\_\_\_\_ Original to Bursar's \_\_\_\_\_ Copy to Registrar \_\_\_\_\_ File Copy \_\_\_\_\_  
(HEA 189 only)