

Employee Enrollment

Complete Sections I, II, III & V.

Spouse/Dependent Enrollment

Complete Sections I, II, IV & V.

PLEASE PRINT

**REQUEST FOR WAIVER OF TUITION
(One Course Per Waiver Form)**

Bursar's Use Only

Course Level _____

\$ Amount _____

Section I. Employee Information

Employee Last Name _____ First _____ M.I. _____ M Number _____

Department _____ Position Title _____ Office Phone No. _____

Section II. Course Information (One course ONLY per form)

Entry	Course No.	Course Title	CRS	Time	Day

This course is being taken for: Undergraduate Credit Hours Graduate Credit Hours Audit

Year _____ SummerII Fall Spring SummerI

Section III. Employee Enrollment Information (To be completed for employee enrollment only)

Classification: Graduate Student Undergraduate Student Other _____

1. Please check one:

- Enrollment in the selected course will not be scheduled during regular teaching or working hours.
- Enrollment in the selected course will be scheduled during regular teaching or working hours.

2. It is agreeable with my supervisor that I make up time lost from work in the following manner:

Section IV. Spouse/Dependent Information (To be completed for spouse/dependent enrollment only)

Last Name _____ First _____ M.I. _____ M Number _____

Relationship to Employee _____ (Dependent Child Only) Date of Birth _____

(Dependent Child Only) Married Single 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 _____

I elect to transfer my waiver of tuition benefit to the above-named spouse/dependent and hereby certify that the above-named dependent meets the guidelines approved by the Board of Regents for eligibility for this benefit. I certify that the information provided on this form is true and accurate to the best of my knowledge.

Section V. Authorization (To be completed for employee or spouse/dependent enrollment)

(1) _____ Date _____
Employee

(3) _____ Date _____
Human Resources

(2) _____ Date _____
Administrative Head of Department
(FOR EMPLOYEE WAIVER ONLY)

(4) _____ Date _____
Bursar's Office

THE TUITION WAIVED BY MSU MAY BE A TAXABLE BENEFIT.

This form must be approved and presented to the Bursar's Office before registration or at registration. The Bursar's Office will make the following distribution of the completed form: Employee _____ Employing Department _____ Human Resources _____

FOR HUMAN RESOURCES OFFICE USE ONLY

Continuous Service (Faculty - one semester, Staff - six months) _____ Dependent Child Under 24 _____ Proof of Legal Guardianship _____
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