



Minnesota
STATE COLLEGES
& UNIVERSITIES

Application for Tuition Waiver Minnesota State Colleges & Universities

Note: Waiver is only available if there is sufficient class space.

Any employee/dependent attending a college/university charging banded tuition will be invoiced at the per credit rate for any credits that exceed the maximum number in their labor agreement.

PLEASE PRINT

I. Information below to be completed by EMPLOYEE:			
Employee's Name:		College/University:	
Employee ID#:		Work Phone:	
Check One: <input type="checkbox"/> Adjunct/Credits <input type="checkbox"/> AFSCME <input type="checkbox"/> Faculty-IFO <input type="checkbox"/> MAPE <input type="checkbox"/> MMA <input type="checkbox"/> MSCF <input type="checkbox"/> MSUAASF <input type="checkbox"/> Commissioner's Plan <input type="checkbox"/> MnSCU Administrator/Classified Mngr <input type="checkbox"/> Other: <input type="checkbox"/>			
Student's Full Name:		Date of Birth:	Student ID #:
		Relationship to Employee: (check one) <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	
College/University where waiver will be used:		Term this waiver is to be used: (Circle One) Summer Fall Spring	
Number of Undergraduate Credits to be waived:		Number of Graduate Credits to be waived:	

II. Information to be completed by the home CHIEF HUMAN RESOURCES OFFICER/DESIGNEE:	
Human Resources Verification of Eligibility Completed by	Maximum number of credits available to be waived this term: _____
Print Name: _____	Print Title: _____
Signature: _____	Date: _____ Phone: _____

Normal Student Registration procedures must be followed. Completing this form does not constitute registration for the class/classes.

III. WAIVER USED BY EMPLOYEE:	
Waiver of (check those applicable): <input type="checkbox"/> tuition <input type="checkbox"/> fees (does not waive special fees or books)	CHRO/Designee Initials: _____
Signature of Employee: _____	Date: _____

IV. WAIVER USED BY (check one): <input type="checkbox"/> Legal Spouse* <input type="checkbox"/> Dependent	
*MN statute governing marriage (517.01) states in part that marriage is a civil contract between a man and a woman and is contracted only when a license has been obtained as provided by law and when the marriage is contracted in the presences of two witnesses and solemnized by one authorized so to do.	
My signature certifies that this application for use of tuition waiver by my current spouse is in conformity with the above Minnesota Statute and meets the requirements of my bargaining agreement/plan and/or Minnesota State Colleges and Universities policy.	
Signature of Spouse _____	Date _____
My signature certifies that this application for use of tuition waiver by my dependent meets the requirements as outlined in my bargaining agreement/plan and/or Minnesota State Colleges and Universities policy.	
Signature of Dependent _____	Date _____
Signature of Employee _____	Date _____

V. TAX IMPLICATION	
My signature certifies that I have followed the tuition waiver procedures set forth by the applicable employee bargaining agreement and/or personnel plan. I understand that this is a waiver of tuition and fees only (not special fees or books). I understand that the value of tuition benefits for my <i>graduate</i> level tuition waiver courses in excess of \$5,250 in a calendar year will be subject to taxation. I also understand that the value of <i>graduate</i> tuition waiver benefits that my spouse/dependent(s) receives will be subject to taxation. This also applies to graduate courses dropped after the add/drop date.	
Signature of Employee _____	Date _____

Copies to: Accepting Institution <i>"Original" to College Registration Office Business Office</i> Home Institution Human Resources Office Employee	ATTENTION: REGISTRATION OFFICE PERSONNEL Registration offices accepting waivers shall only accept original documents without any strike-outs/strike-overs unless initiated by the home institution chief human resources officer/designee.
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