



Minnesota State Colleges and Universities Application for Tuition Waiver

Minnesota
STATE COLLEGES
& UNIVERSITIES

PLEASE PRINT

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

I. Information below to be completed by EMPLOYEE:		
Employee's Name:	College/University:	
Employee ID#:	Work Phone:	
Check One:	<input type="checkbox"/> AFSCME <input type="checkbox"/> 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 Manager <input type="checkbox"/> Other:	
Student's Full Name:	Student ID #:	Relationship to Employee: <i>(check one)</i> <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
College/University where waiver will be used:		
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 <i>(check those applicable)</i> : <input type="checkbox"/> tuition <input type="checkbox"/> fees <i>(does not waive special fees or books)</i>	CHRO/Designee Initials: _____
Signature of Employee: _____	Date: _____
IV. WAIVER USED BY <i>(check one)</i> : <input type="checkbox"/> Legal Spouse* <input type="checkbox"/> Dependent	
<p><small>*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.</small></p> <p>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.</p>	
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	
<p>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 (<i>not</i> 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.</p>	
Signature of Employee _____	Date _____
Copies to: Accepting Institution <i>"Original" to College Registration Office Business Office</i> Home Institution <i>Human Resources Office Employee</i>	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.

