



Application for Tuition Remission: *Employee*

Instructions: This application should be initiated by the employee requesting permission to schedule course work. Approval must be obtained from the responsible department/unit head for each period of enrollment. The approved form should be forwarded to the **Sponsored Student Programs Office, 153 Garner Hall, Campus Mail Stop 9701, after enrollment plans are complete and prior to the deadline for payment.** Late fee assessments will result when approval for the remission has not been received.

SECTION A

NAME _____

First

Middle

Last

MSU ID Number _____

DEPARTMENT _____ PHONE _____

COLLEGE/SCHOOL/DIVISION _____

I am a retired employee who was eligible for the MSU Tuition Remission program at the time of my retirement. (Note to retiree: No authorizing signature is required. Complete Section A and send form to Sponsored Student Programs.)

I request approval to schedule a course(s) under the University policy for remission of fees for the courses listed below and **will submit a revised form if a change in courses is necessitated:**

FALL AND SPRING SEMESTERS: A total of six (6) hours may be taken **each** Fall and Spring semester under the MSU Tuition Remission program.

| | | |
|------------|---|---|
| _____ Year | <input type="checkbox"/> Fall: Number of Hours _____ | <input type="checkbox"/> Spring: Number of Hours _____ |
|------------|---|---|

SUMMER SEMESTERS: A **combined total** of six (6) hours may be taken over the Summer Semesters under the MSU Tuition Remission program.

| | | |
|------------|--|---|
| _____ Year | <input type="checkbox"/> Maymester: Number of Hours _____ | <input type="checkbox"/> Summer 10-Week: Number of Hours _____ |
|------------|--|---|

| | | |
|--|---|--|
| | <input type="checkbox"/> Summer I: Number of Hours _____ | <input type="checkbox"/> Summer II: Number of Hours _____ |
|--|---|--|

| Course Number(s) | Course Title(s) |
|------------------|-----------------|
| (1) _____ | _____ |
| (2) _____ | _____ |

I understand that I may enroll for one course during my normal work day with prior approval of my department/unit head and additional courses must be taken during non-work hours. I understand further that if I withdraw from all courses, I must withdraw from the University through my Academic Dean's office.

Employee's Signature

Date

SECTION B

I certify that the individual named above is a benefits eligible employee of this department and has approval to schedule a course(s) under the University policy for tuition remission. **I understand that I am personally responsible for any inaccurate certification of this employee's eligibility for benefits.** Appropriate arrangements, either compensatory time off or personal leave, have been made to cover any period of time away from work during normal working hours.

Department or Unit Head (with supervisor's agreement)

Date

SPONSORED STUDENT PROGRAMS OFFICE USE ONLY

Eligible: _____ Ineligible: _____

REMARKS: _____

Status (G or UG) _____ Status (® or NR) _____ Remission Amount _____

Notify Records Area _____ Initial & Date _____