



Minnesota
STATE COLLEGES
& UNIVERSITIES

APPLICATION FOR TUITION WAIVER

Minnesota State Colleges and Universities
350 Wells Fargo Place, 30 7th Street East, St. Paul, MN 55101

REVISED JUNE 2009
ORIGINAL 8/1/2005

NOTE: 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 or remaining for use.

PLEASE PRINT – Complete ONE form for each student using waiver each term

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 Mgr		<input type="checkbox"/> List 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:				Term and year this waiver is to be used:		
Number of Credits	Type of Credits:					
#	<input type="checkbox"/> Undergraduate					
#	<input type="checkbox"/> Graduate					
#	<input type="checkbox"/> Doctorate					

II. WAIVER USED BY EMPLOYEE:

Waiver of (check those applicable): <input type="checkbox"/> tuition <input type="checkbox"/> fees <i>(does not waive special fees or books)</i>	CHRO/Designee Initials:
Signature of Employee:	Date:

III: WAIVER USED BY *(check one)*: Legal Spouse* 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 presence of two witnesses and solemnized by one authorized to do so.

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 Employee:

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. All others shall follow the Minnesota State Colleges and Universities policy defining a dependent. **“Dependent Child Definition:** An eligible employee's dependent child is a biological child, a legally adopted child, a foster child or a step-child (1) up through age 18 (but not including the 19th birthday), or (2) up through age 24 (but not including the 25th birthday) as long as the child is a full time student at an accredited institution of higher education or (3) a handicapped child, regardless of age or marital status, who is incapable of self-sustaining employment by reason of mental retardation, mental illness or physical disability.” Definitions of these terms are applicable: see matrix.

Signature of Employee:

Date:

Continued on reverse side

IV. TAX IMPLICATIONS

- A. Undergraduate tuition waivers for dependents (does not include your spouse or permanently disabled dependents) who have attained their 24th birthday or greater at any time during the calendar year in which the tuition waiver is used are subject to taxation.
- B. Graduate tuition waivers for spouse and dependents are subject to taxation.
- C. Graduate tuition waivers for an employee are subject to taxation at the time the annual calendar year limit of \$5,250 is exceeded.
- D. Taxation also applies to graduate courses dropped after the add/drop date.

Check here ▶	<input type="checkbox"/> I have read and understand the tax implications for the use of tuition waiver as stated above.
	<div style="text-align: right; margin-bottom: 5px;"><i>Employee Signature:</i> _____</div> <div style="text-align: right;"><i>Date:</i> _____</div>

EMPLOYEE SIGNATURE

My signature certifies that I have followed the tuition waiver procedures set forth by the applicable employee bargaining agreement and/or personnel plan.

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

<i>Signature of Employee:</i> _____	<i>Date:</i> _____
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HOME INSTITUTION Human Resources Office – original retained by Copy to Employee	
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INFORMATION TO BE COMPLETED BY THE HOME CHIEF HUMAN RESOURCES OFFICER/DESIGNEE:

Human Resources Verification of Eligibility Completed By ▼	Maximum Number of eligible credits:		AY:
	Credits waived this term:	Term:	Year:
Print Name:	Print Title:		
<i>Signature:</i>	<i>Date:</i>	<i>Phone:</i>	
Application entered into Tuition Waiver Module:	Date:	HR Proxy Rights User:	
Reason for usage of Proxy Rights: <ul style="list-style-type: none"> <input type="checkbox"/> Employee is on unpaid leave of absence <input type="checkbox"/> IFO Employee is no longer on payroll but remains eligible for waiver <input type="checkbox"/> Spouse or dependent child of deceased MSUAASF employee <input type="checkbox"/> Employee has guarantee of prospective employment <input type="checkbox"/> Other 			