



# 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:**

_____ (Year)	Course Number	Course Title
<input type="checkbox"/> Fall		
<input type="checkbox"/> Spring	(1) _____	_____
<input type="checkbox"/> Summer 10-week		
<input type="checkbox"/> Summer I*	(2) _____	_____
<input type="checkbox"/> Summer II*		

\*Summer Session I and Summer Session II are combined for the purpose of administering tuition remission and count as one semester (6 hours total can be taken).

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 _____