

APPLICATION FOR EMPLOYEE TUITION WAIVER/ASSISTANCE

Please refer to the SBHE policy 820 and NDUS Procedure 820 at:
[North Dakota University System: Policies and Procedures: SBHE Policies](#)
[North Dakota University System: Policies and Procedures: NDUS Procedures](#)

1. INFORMATION BELOW TO BE COMPLETED BY EMPLOYEE					
EMPLOYEE NAME		EMPLOYEE ID #		DAYTIME PHONE	
EMPLOYEE EMAIL ADDRESS		EMPLOYEE MAILING ADDRESS			
CAMPUS OF EMPLOYMENT		CAMPUS OF ENROLLMENT		FOR NDUSO/CTS/OTHER ONLY	
STUDENT STATUS		YEAR OF WAIVER/ASSISTANCE		TERM OF WAIVER/ASSISTANCE	
2. TUITION WAIVER / ASSISTANCE REQUESTED THIS SUMMER					
	DEPT	COURSE TITLE	COURSE #	SECTION	DAY/TIME
1 ST Course					
2 ND Course					
3 RD Course					
3. EMPLOYEE SIGNATURE (<i>Employee signature required for all requests</i>)					
<p><i>I certify that I have read and understand the Tuition Waiver/Assistance policy and procedures as referenced above. I certify under penalties of perjury and subject to disciplinary action, up to and including termination, that I am eligible for this tuition waiver. Further, I, as the employee and student authorize and/or acknowledge the following:</i></p> <ul style="list-style-type: none"> ▪ <i>the release of any employee or student information, pertinent to decide eligibility for this request, to appropriate NDUS institutions and departments.</i> ▪ <i>in accordance with IRS regulations, employee tuition waivers valued over \$5,250 per calendar year may be taxable to the employee. Applicable federal, state and social security taxes will be deducted on the employee's paycheck on a pro-rated basis during the semester. (Subject to change to comply with federal and state laws)</i> ▪ <i>in accordance with federal regulations, the tuition waiver or assistance may be used as a financial resource and become part of the student's financial aid package. Financial aid may need to be adjusted if the amount of the tuition waiver or assistance, along with other financial aid, exceeds the total cost of attendance.</i> 					
EMPLOYEE SIGNATURE (Required):					DATE
4. REQUIRED SUPERVISOR / DEPT. HEAD APPROVAL					
SUPERVISOR / DEPT. HEAD NAME					
APPROVAL SIGNATURE (Required):					DATE
5. SUBMISSION					
SUBMIT COMPLETED FORM TO: →			Name:		
			Email:		
			Phone:		
6. ADDITIONAL INSTITUTIONAL APPROVALS					
HUMAN RESOURCES APPROVAL					DATE
OFFICE USE ONLY:		TUITION PAYMENT AMT	CHECK #	INITIALS	DATE