 **APPLICATION FOR EMPLOYEE TUITION WAIVER/ASSISTANCE** 

**Please refer to the SBHE policy 820 and NDUS Procedure 820.1 at:**

[North Dakota University System: Policies and Procedures : SBHE Policies](http://ndus.edu/makers/procedures/sbhe/default.asp?PID=32&SID=9)

[North Dakota University System: Policies and Procedures: NDUS Procedures](http://ndus.edu/makers/procedures/ndus/default.asp?PID=329&SID=60)

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| --- |
| 1. **INFORMATION BELOW TO BE COMPLETED BY EMPLOYEE**
 |
| EMPLOYEE NAMEClick here to enter text. | EMPLOYEE ID #Click here to enter text. | DAYTIME PHONEClick here to enter text. |
| EMPLOYEE EMAIL ADDRESSClick here to enter text. | EMPLOYEE MAILING ADDRESSClick here to enter text. |
| CAMPUS OF EMPLOYMENTChoose an item. | CAMPUS OF ENROLLMENTChoose an item. | FOR NDUSO/CTS/OTHER ONLYChoose an item. |
| STUDENT STATUS[ ] **Undergraduate** [ ] **Graduate** | YEAR OF WAIVER/ASSISTANCEChoose an item. | TERM OF WAIVER/ASSISTANCEChoose an item. |
| 1. **TUITION WAIVER/ASSISTANCE REQUESTED THIS SEMESTER**
 |
| **1ST Course** | **Dept.** | **Title** | **Course #** | **Section** | **Day/Time** |
| **2nd Course** | **Dept.** | **Title** | **Course #** | **Section** | **Day/Time** |
| **3rd Course** | **Dept.** | **Title** | **Course #** | **Section** | **Day/Time** |
| 1. **EMPLOYEE SIGNATURE *(Employee signature required for all requests)***
 |
| *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:** *the release of any employee or student information, pertinent to decide eligibility for this request, to appropriate NDUS institutions and departments.*
* *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)*
* *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.*

**EMPLOYEE SIGNATURE** (*Required*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ |
| 1. **REQUIRED SUPERVISOR APPROVAL**
 |
| SUPERVISOR/DEPT. HEAD NAMEClick here to enter text. |
| SUPERVISOR/DEPT. HEAD SIGNATURE & DATE |
| 1. **SUBMISSION**
 |
| **Submit Completed Form to:** | *Sandi Lillehaugen**Sandra.Lillehaugen@lrsc.edu**(701) 662-1543* |
| 1. **ADDITIONAL INSTITUTIONAL APPROVALS**
 |
| *HUMAN RESOURCES APPROVAL & DATE* |
| OFFICE USE ONLY:Tuition Payment Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #:\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |