

Missouri Western State University Tuition Waiver Application
(A copy of student schedule/registration form must be attached)

Tuition Waiver Application for:

Employee

Dependent

EMPLOYEE INFORMATION (required):

Name: _____ G Number _____

Department: _____

Please check employee's current employment status (*must be at least half-time to be eligible- refer to MWSU Policy Guide*):

Full-time position with benefits

Half-time position with full benefits

Retiree

Dependent of deceased/disabled employee
(refer to MWSU Policy Guide)

To be completed by retirees only: Total years of service with MWSU: _____

DEPENDENT INFORMATION (required, if applicable):

Name: _____ G Number: _____

Date of birth: _____ Age: _____ Marital Status: Single Married

ENROLLMENT INFORMATION:

Academic Year 200____ - 200____

(check and list number of hours - - 1 form per session/semester):

Fall Semester (*list number of hours*): _____

Spring Semester (*list number of hours*): _____

Intersession (*list number of hours*): _____

Summer Session (*list number of hours*): _____

* Are any of the above hours Continuing Education classes: NO

YES Indicate type: Credit
 Non-Credit
 RLEA
 Dual Credit-*provided by MWSU only

CERTIFICATION/AGREEMENT:

Tuition Waivers may be submitted for upcoming sessions or semesters after course registration begins for that given session or semester. Waivers may only be submitted and applied towards courses for the session or semester in which the course is attended. **I certify** that the information submitted on this form is correct and that I have read and meet all of the eligibility requirements as outlined in the Tuition Waiver Policy. If applicable, the employee dependent listed above is my _____ (nature of relationship), and has at one time been claimed as my dependent/spouse for IRS purposes. I understand that any false information will void this waiver. **I verify** that, to the best of my knowledge, all prior session or semester fees have been paid prior to the submission of this Fee Waiver request. **I understand and agree** that any unpaid fees/outstanding balances will be deducted through payroll deduction from my (employee's) paycheck if unpaid at the end of the semester. **I further understand** that Financial Aid must be notified if hours are added or subtracted after submission of this form.

Employee Signature: _____ Date: _____

Supervisor Signature*: _____ Date: _____

*required if employee is enrolled in courses during work hours

RETURN TO HUMAN RESOURCES DEPARTMENT - - ADMINISTRATION BUILDING ROOM 117

Fee Waiver eligibility is subject to verification by the Human Resources Department

Eligibility Approved: YES NO Taxable Benefit: YES NO

HR Official: _____ Date: _____