

Missouri Western State University Tuition Reduction Application

Participants wanting to utilize the Tuition Reduction Program must submit completed applications to Human Resources by the last day of the add/drop period for the applicable semester/session, dual credit deadlines are November 1st and April 1st. Any applications received after these dates will not be accepted. The employee will be notified of any incomplete applications or applications which do not meet the Tuition Reduction Program requirements. Please complete one form per student.

Tuition Reduction Application for: Employee Dependent (ID required) Spouse (ID required)

EMPLOYEE INFORMATION (required): PLEASE PRINT

Name: _____ G Number: _____

Department: _____ Extension: _____

Please check employee's current employment status:

- Full-time position with benefits Part-time position with benefits
 Retiree* Disabled employee* Deceased*

*If retired, disabled or deceased, please provide: Date of separation: _____ Years of service: _____

DEPENDENT/SPOUSE INFORMATION (required, if applicable): PLEASE PRINT

Name: _____ G Number: _____

Date of birth (dependents only): _____ Age (dependents only): _____

Degree seeking spouses and/or dependents applying for the Tuition Reduction Program are required to complete the Free Application for Federal Student Aid (FAFSA) for the current school year. You may submit the form online at www.fafsa.gov. Before Tuition Reduction funds will be paid to a student's account, the FAFSA must be submitted and verification completed by the Financial Aid Office.

ENROLLMENT INFORMATION: Please attach a copy of the student's class schedule to this application.

Academic Year: 20_____ - 20_____ Degree Seeking: __Yes __NO Number of hours registered for: _____

Semester/Session Registered for: Undergraduate Fall Undergraduate Spring Undergraduate Summer
 Intersession/Wintersession Dual-Credit Off-Schedule Class
 Graduate Fall Graduate Spring Graduate Summer

I certify that the information submitted on this form is correct and that I have read and met all of the terms and requirements as outlined in the Tuition Reduction Program Policy. Additionally, I understand that all information is subject to verification and, if requested, I will supply the appropriate documents to support this application. If applicable, the dependent listed was claimed as my dependent on my most recent year's tax return, as appropriate for the given semester/session, and is 24 years of age or younger on the first day of classes of the semester/session. (If in question, the appropriate tax year should be confirmed with Human Resources.) If applicable, the spouse listed is my legally qualified spouse on the first day of the semester/session.

I understand that the above named employee will be subject to disciplinary action up to and including termination if requested verification documentation is not provided and/or the documentation does not support the information in this application.

Furthermore, I, the student, by signing below give my consent to disclose to the employee listed above, any documents or information pertaining to my eligibility for or the receipt of the Tuition Reduction Program.

Student Signature: _____ Date: _____

Employee Signature: _____ Date: _____

Supervisor Signature*: _____ Date: _____

*required if employee is enrolled in courses during work hours

RETURN TO HUMAN RESOURCES DEPARTMENT - - POPPLEWELL HALL ROOM 117

Tuition Reduction eligibility and receipt is subject to verification by Human Resources, Financial Aid and the Graduate Dean.

FOR GRADUATE SCHOOL OFFICE ONLY

Has the employee been accepted into a Missouri Western graduate program or certificate program?

YES NO

Does the employee meet the required GPA requirement?

YES NO (First semester in graduate program)

Is/are the course(s) required for the graduate program's Program of Study? (Employee's class schedule must be attached)

YES NO

Graduate School Official: _____ Date _____

FOR OFFICE USE ONLY

Human Resources Department Use:

Must be provided with application:

Identification Provided YES NO

Course Schedule Attached YES NO

HR Verification:

Employee Status Verified YES NO COMMENTS: _____

Dependent Age Verified YES NO COMMENTS: _____

Course Eligibility Verified YES NO COMMENTS: _____

HR Official: _____ Date: _____

Financial Aid Department Use:

FAFSA Completed: YES NO

FA Official: _____ Date: _____