

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
1ST Course					
2ND Course					
3RD Course					

3. 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
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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