



Employee Spouse/Dependent Tuition Waiver Application and Policy

| INFORMATION TO BE COMPLETED BY EMPLOYEE | | | | |
|--|--|--|--|---|
| Employee Name | | Employee ID# | | Department |
| Student Name | | Student ID# | | Student Date of Birth |
| Waiver Applies to (check one) Spouse Dependent | | Student Status (check one) Undergrad Graduate Early Entry | | Term of Waiver (Complete Year & check one) Year: 20 ____ Fall Spring Summer |

A new application is required for each semester and should be submitted to the Financial Aid Office 10 days prior to the start of each semester.

Verification documents must be attached to prove relationship status to the employee:

- Marriage Certificate
- Birth Certificate and or other government issued documents
- Other 3rd party documents may be required, such as a financial aid report, health insurance documentation, or tax documents

I certify that I have read and understand the MSU Spouse/Dependent Tuition Waiver policy.
<https://www.minotstateu.edu/busoffic/pages/spouse-dependen-tuition-waiver-policy.shtml>

I understand that this waiver will be approved only if I, the employee or student, have no past due balance, that the value of the waiver will be included as financial assistance in the student’s financial aid package and that the above student is enrolled in the term associated with this application. I understand that waivers granted for graduate level courses are taxable to the employee.

I authorize the release of any information, pertinent to decide eligibility request, to Human Resources and/or Payroll Services, Registrar’s Office and the Business office. In the case of a family member’s request, I authorize release of information, pertinent to this request, to the employee. I have provided the required documentation of spouse or dependent relationship.

Employee Signature _____ **Date** _____

Student Signature _____ **Date** _____

Completed forms must be submitted to the MSU Financial Aid Office, 2nd floor, Administration Building

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| <u>Human Resources and/or Payroll Approval</u> Benefited employee position verified. | |
| HR/Payroll Approval Signature _____ | Date _____ |
| <u>Financial Aid Approval</u> The above spouse/dependent meets the eligibility criteria per MSU Tuition Waiver policy for Spouse/Dependents and is eligible to receive a 50% waiver of Tuition for MSU courses. | |
| Financial Aid Approval Signature _____ | Date _____ |