

North Dakota State University Faculty/Staff Tuition Waiver Request

• This request must be submitted and approved by the Office of Human Resources (SGC 102) prior to the beginning of the class for which the waiver is requested.

• Employees are responsible for registering for classes through regular admission/registration procedures.

• Employees are responsible for paying for a portion of the student fees.

Name _____

Broadbanded Staff Non-Broadbanded Staff: Faculty Other Non-Broadbanded

Empl ID # _____ Off Campus Address/Work Address: _____

Dept. _____ Bldg./Room _____ Telephone _____

Course _____ Department _____ Number _____ Title _____

Meeting Time _____ Credit Hours _____

Semester: Fall Spring Summer Session 1 Summer Session 2

Institution: NDSU Other _____ Institution Name _____

Course taken for: Credit Audit
 DCE course: Yes No
 Student Status: Undergrad Grad Post Grad
 Resident Status: ND MN (with reciprocity) Non-resident

I understand that my waiver will be approved only if I have no past due accounts receivable balance. I also understand that I will pay the remaining student fees in accordance with NDSU payment dates.

Employee Signature _____ Date _____

The above employee is granted release time to enroll in the course described above. Release time is granted only for the amount of time to attend the regular class session and is limited to one academic class per semester.

Department Head Signature _____ Title _____

The above employee is authorized to receive a waiver of tuition and a portion of the student fees for the course described above. The employee will not receive a waiver in excess of three academic classes per calendar year.

Human Resources _____ Date _____

For Customer Account Services Office Only: Date _____ Initial _____
 For Human Resources Use Only: ___ Customer Account Services ___ Student Financial Services ___ Employee ___ HR ___ DCE

If off campus, completed forms may be mailed to: Office of Human Resources, PO Box 6050, Dept 3140, Fargo, ND 58108-6050