

Faculty & Staff Fee Waiver Authorization

<input type="checkbox"/>	Summer Session	Name & Email Address:	
<input type="checkbox"/>	Fall Semester	Employing Department:	
<input type="checkbox"/>	Spring Semester	Social Security Number:	

Official Use Only:

<input type="checkbox"/>	Faculty	<input type="checkbox"/>	FTE (0.75 or more)
<input type="checkbox"/>	Staff	<input type="checkbox"/>	Credits (# carried this term)

- ⇒ **Incidental fees may be waived, with the approval of the Department Head and Dean or the Vice President, for permanent University System employees who are employed at least ¾ time (FTE .75) during the entire period of enrollment. This pertains to all Faculty and Staff, including classified employees.**
- ⇒ **Fee waivers are granted for the first 6 credits of RESIDENTAL INCIDENTAL FEES ONLY.**
- ⇒ **Completed forms should be returned to the Office of Financial Aid, Strand Union Building, Room 135.**

RETROACTIVE FEE WAIVERS WILL NOT BE HONORED. EMPLOYING DEPARTMENT MUST BE AN ENTITY OF ANY UNIT OF MONTANA STATE UNIVERSITY OR UNIVERSITY OF MONTANA SYSTEM. A SEPARATE FORM MUST BE COMPLETED FOR EACH SEMESTER FOR WHICH A FACULTY/STAFF FEE WAIVER IS BEING REQUESTED.

*****DO NOT USE THIS FORM FOR GRADUATE ASSISTANTS*****

<i>Supervisor's Signature</i>	<i>Date</i>
<i>Department Head Signature</i>	<i>Date</i>
<i>Dean or Vice President's Signature</i>	<i>Date</i>

*****TWO OR MORE OF THE ABOVE SIGNATURES ARE REQUIRED*****

