

Office of Financial Aid Services 183 Strand Union P.O. Box 174160 Bozeman, MT 59717-4160 www.montana.edu/wwwfa

Tel (406) 994-2845 Fax (406) 994-6962

Faculty & Staff Tuition Waiver Request

Name:	MSU ID:	
Department:	Phone number:	
E-mail:		
Semester:	Year: 20	
Faculty Staff	FTE (must be .75 or more) Credits (# carried this term)	
⇒ Tuition may be waived, with the approvation for permanent University System Emplois (FTE .75) during the entire semester. The Please note: Student, temporary, seaso are not eligible to receive this tuition was a substantial to the substantial	yees who are employed at least 3/4 time his pertains to all Faculty and Staff. nal, or fixed term employees	
⇒ Employees who utilize this tuition waive during the same academic term.	er are not eligible for a Dependent Waiver	
\Rightarrow Tuition waivers are granted for the first	6 credits of residential tuition only .	
⇒ Completed forms must be returned by t Financial Aid Office. Forms submitted af	-	
\Rightarrow Retroactive Tuition Waivers will not be h	nonored.	
⇒ The employing department must be an e University or the Montana University Sy		
⇒ A separate form must be completed for waiver is being requested. **Two signatures <u>plus</u> the stud		
Student's Signature	Date	
Supervisor's Signature	Date	
Director/Dean Signature	Date	

Human Resources Signature (see below)

HR signature is only needed if faculty/staff member is employed by a MUS campus other than MSU Bozeman.

Date