



Faculty & Staff Tuition Waiver Request

Name: _____ MSU ID: _____

Employee phone number: _____ Email: _____

Department: _____

Semester: _____ Year: 20_____

Faculty
Staff

FTE (must be .75 or more)
Credits
(# carried this term)

⇒ Tuition may be waived, with the approval of the Department Head and the Dean or the Vice President, for permanent University System Employees who are employed at least 3/4 time (FTE .75) during the **entire semester**. This pertains to all Faculty and Staff. **Please note: Student employees and temporary, seasonal, or fixed term positions are not eligible to receive the waiver.**

⇒ Tuition waivers are granted for the first 6 credits of **residential tuition only**.

⇒ Completed forms **must be returned by the 15th class day** of each semester to the Office of Financial Aid, 183 Strand Union, Bozeman MT 59717

⇒ Retroactive Tuition Waivers will not be honored.

⇒ The employing department must be an entity of any unit of Montana State University or the Montana University System.

⇒ A separate form must be completed **for each** semester that a faculty/staff waiver is being requested.

****Two signatures plus the student signature are required****

Student's Signature

Date

Supervisor's Signature

Date

Department Head Signature

Date

Dean or Vice President's Signature

Date

Official use only:

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