

APPLICATION FOR EMPLOYEE TUITION WAIVER/ASSISTANCE

Please refer to the SBHE policy 820 and NDUS Procedure 820.1 at:
[North Dakota University System: Policies and Procedures : SBHE Policies](#)
[North Dakota University System: Policies and Procedures: NDUS Procedures](#)

1. INFORMATION BELOW TO BE COMPLETED BY EMPLOYEE					
EMPLOYEE NAME		EMPLOYEE ID #		DAYTIME PHONE	
EMPLOYEE EMAIL ADDRESS			EMPLOYEE MAILING ADDRESS		
CAMPUS OF EMPLOYMENT Choose an item		CAMPUS OF ENROLLMENT Choose an item.		FOR NDUSO/CTS/OTHER ONLY Choose an item.	
STUDENT STATUS <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate		YEAR OF WAIVER/ASSISTANCE Choose an item.		TERM OF WAIVER/ASSISTANCE Choose an item.	

2. TUITION WAIVER/ASSISTANCE REQUESTED THIS SEMESTER					
1ST Course	Dept/Course #	Title	Credits	Section	Day/Time
2ND Course	Dept/Course #	Title	Credits	Section	Day/Time
3RD Course	Dept/Course #	Title	Credits	Section	Day/Time

3. EMPLOYEE SIGNATURE <i>(Employee signature required for all requests)</i>
<p><i>I certify that I have read and understand the Tuition Waiver/Assistance policy and procedures as referenced above. I certify under penalties of perjury and subject to disciplinary action, up to and including termination, that I am eligible for this tuition waiver. Further, I, as the employee and student authorize and/or acknowledge the following:</i></p> <ul style="list-style-type: none"> ▪ <i>the release of any employee or student information, pertinent to decide eligibility for this request, to appropriate NDUS institutions and departments.</i> ▪ <i>in accordance with IRS regulations, employee tuition waivers valued over \$5,250 per calendar year may be taxable to the employee. Applicable federal, state and social security taxes will be deducted on the employee's paycheck on a pro-rated basis during the semester. (Subject to change to comply with federal and state laws)</i> ▪ <i>in accordance with federal regulations, the tuition waiver or assistance may be used as a financial resource and become part of the student's financial aid package. Financial aid may need to be adjusted if the amount of the tuition waiver or assistance, along with other financial aid, exceeds the total cost of attendance.</i> <p style="margin-top: 20px;">EMPLOYEE SIGNATURE <i>(Required)</i>: _____ Date: _____</p>

4. REQUIRED SUPERVISOR APPROVAL
SUPERVISOR/DEPT. HEAD NAME
SUPERVISOR/DEPT. HEAD SIGNATURE & DATE

5. SUBMISSION	
<p>Submit Completed Form to: </p>	<p>Office of Human Resources dsu.hr@dickinsonstate.edu 701-483-2476</p>

6. ADDITIONAL INSTITUTIONAL APPROVALS	
DSU Human Resources Signature & Date	<i>Required for employees of DSU</i>
Financial Aid Signature & Date	<i>Required for any NDUS Employee taking a course at DSU</i>
Other NDUS Institution Human Resources Signature & Date	<i>Required for employees at other NDUS Institution</i>

Important: This is a standardized form for the use of all employees within the NDUS system. The Campus of Employment should populate the highlighted boxes in section 5. and 6. with appropriate contact and approval information. Please no additional changes.