

PLEASE PRINT

Murray State University  
KRS 164.2845

CPE Tuition Waiver Program  
REQUEST FOR WAIVER OF TUITION

To be used by supervising  
and resource teachers for  
waiver of tuition on courses  
take at Murray State

**Bursar's Use Only**  
Course Level \_\_\_\_\_  
\$ Amount \_\_\_\_\_

Applicant must complete Sections I, II, III, and IV  
and mail to Teacher Education Services,

2101 Alexander Hall, Murray State University, Murray, KY 42071 or send by fax to (270) 809-3073.

This form must be approved and presented to the MSU Bursar's Office before registration. The MSU Bursar's office will make the following  
distribution of the completed form: Employee School System CE/AO.

**Section I. Applicant Information**

Applicant  
Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ M # \_\_\_\_\_

Classification: Graduate Student \_\_\_\_\_ Undergraduate Student \_\_\_\_\_ Other \_\_\_\_\_

Supervising: Student Teacher \_\_\_\_\_ Intern \_\_\_\_\_

School System \_\_\_\_\_ Contact Name/Number \_\_\_\_\_

School System Mailing Address \_\_\_\_\_

**Section II. Course Information**

Entry No.	Course/Section	Course Title	CRS	Time	Day
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

These courses are being taken for: Undergraduate Credit Hours \_\_\_\_\_ Graduate Credit Hours \_\_\_\_\_ Audit \_\_\_\_\_

**Section III. Applicant Signature**

I hereby request that tuition fees be waived for my  
at enrollment in the above MSU course(s).  
I understand that I must apply for admission to  
MSU and must enroll in the above course(s).

(1) \_\_\_\_\_  
Applicant Signature Date

**Section IV. School System Authorization**

This Employee is or has been a supervising or resource  
teacher (as defined by KRS 164.2845) at

\_\_\_\_\_  
School Name

during the \_\_\_\_/\_\_\_\_ academic year.

(2) \_\_\_\_\_  
Principal or Superintendent Signature Date

**THE TUITION WAIVED BY MSU MAY BE A TAXABLE BENEFIT TO THE TEACHER BY THEIR EMPLOYER.**

**Section V. Murray State University Authorization**

(1) \_\_\_\_\_  
TES Director or Designee Date

OR

(2) \_\_\_\_\_  
Dean, College of Education or Designee Date

(3) \_\_\_\_\_  
MSU Bursar's Office Date  
(270) 809-4227

\*\*\*If employment status changes during term, please  
Notify MSU Bursar's Office. (270) 809-4227

**FOR MURRAY STATE BURSARS OFFICE USE ONLY**  
School System Approval \_\_\_\_\_ EDU Approval \_\_\_\_\_  
Student Financial Aid Copy \_\_\_\_\_ CE/AO copy if 75-99 \_\_\_\_\_