

Employee Enrollment

Complete Sections I, II & IV.

Spouse/ Dep. Enrollment

Complete Sections I, II, III & IV.

Bursar's Use Only

Course Level _____

\$ Amount _____

Murray State University
REQUEST FOR WAIVER OF TUITION
HEA 189 and Community Courses
(One Person per Waiver Form)

Section I. Employee Information

Employee
Last Name _____ First _____ M.I. ____ M Number _____

Department _____ Position Title _____ Office Phone No. _____

Section II. Course Information

HEA 189

Community Course Course Name _____

Community Course Course Name _____

Community Course Course Name _____

Year _____ Fall Spring

Section III. Spouse Information (To be completed for spouse enrollment only)

Last Name _____ First _____ M.I. ____ M Number _____

I _____ (employee name) elect to transfer my waiver of tuition benefit to the above-named spouse and hereby certify that the above-named dependent meets the guidelines approved by the Board of Regents for eligibility for this benefit. I certify that the information provided on this form is true and accurate to the best of my knowledge.

Section V. Authorization (To be completed for employee or spouse/dependent enrollment)

THE TUITION WAIVED BY MSU MAY BE A TAXABLE BENEFIT.

(1) _____
Employee Date

(3) _____
Bursar's Office Date

(2) _____
Human Resources Date

This form must be approved and presented to the Bursar's Office before the registration deadline.

FOR HUMAN RESOURCES OFFICE USE ONLY

Continuous Service (Faculty – one semester, Staff – six months) _____ Original to Bursar's _____ Copy to Registrar _____ File Copy _____