



Please Print

Murray State University
KRS164.020(32)
Faculty & Staff Tuition Waiver Program
REQUEST FOR WAIVER OF TUITION

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

This form must be approved and presented to the MSU Bursar's Office before or at the time of registration.

Section I. Employee Information

Employee
Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ MSU ID# \_\_\_\_\_
Department \_\_\_\_\_ Position Title \_\_\_\_\_ Phone Number \_\_\_\_\_
Email Address \_\_\_\_\_
Employing Institution \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

Section II. Course Information

Table with 7 columns: 5 Digit CRN #, Subject, Course #, Course Title, Cr. Hrs, Time, Day. Includes three rows of blank lines for entry.

These courses are being taken for: Undergraduate Credit Hours Graduate Credit Hours Audit
Year \_\_\_\_\_ Summer II Fall Spring Summer I

Section III. Employee Signature

I hereby request that tuition fees be waived for my 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) using my MyGate account online.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Section IV. Employing Institution Authorization (To be completed by Employee's Human Resources Office)

This employee is a regular, full-time employee at (Employee University) \_\_\_\_\_

Human Resources Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Section V. Murray State University Authorization (To be completed by Murray State University)

Human Resources \_\_\_\_\_ Date \_\_\_\_\_ Bursar's Office \_\_\_\_\_ Date \_\_\_\_\_
Fax (270)809-3464 Ph(270)809-2146

THE TUITION WAIVED BY MSU MAY BE A TAXABLE BENEFIT TO THE EMPLOYEE

FOR MURRAY STATE HUMAN RESOURCES OFFICE USE ONLY
Employing Institute Approval \_\_\_\_\_ Original to Bursar \_\_\_\_\_ File Copy \_\_\_\_\_