Montana State University-Billings
Application for Faculty/Staff Tuition Waiver

**Complete this waiver only if you are attending MSU-Billings**

If attending classes other than at MSU-Billings, please complete that school’s Waiver application & submit it to them.

Name ___________________________ Date __________

Department ___________________________ Campus affiliation ____________________

Student ID ___________________________ Email address ___________________________

(8 digit school ID)

Application is hereby made for a faculty/staff tuition waiver in accordance with Montana University System Policy 940.13 and MSU-BILLINGS policy as stated below:

“Activity, Recreation Activity, and Student Union fees may be waived for permanent University System employees who are employed at least .75 FTE (3/4) time during the entire period of enrollment. Permanent employees employed at least .75 (3/4) time for the entire academic year who are reemployed for the following academic year are eligible for a tuition waiver during the intervening summer term.”

Additionally, the following policies must be observed:

1. A class should not be taken during scheduled work time if it is also offered before or after scheduled work time.
2. Make-up time may not include breaks.
3. A minimum of one-half hour per day must be allowed for lunch.
4. Leave without pay and vacation time need to be carefully documented by supervisors.

Course # Credits Course Description Time Days

_____ _____ ________________________________ __________ __________

_____ _____ ________________________________ __________ __________

_____ _____ ________________________________ __________ __________

Semester (choose one): Spring _____ Fall _____ Summer _____

Academic Year: ______________

Manner in which absence from work is to be compensated:

Leave without pay _____ Make-up time _____ Vacation time _____ Courses outside scheduled time _____

Employee Signature ________________________________ Date __________

Approval Signatures Required:

Supervisor Signature: ________________________________ Date __________

Director/Dean Signature: ________________________________ Date __________

Human Resources Signature: ________________________________ Date __________

MSU Billings Financial Aid Signature: ________________________________ Date __________

For Office Use only

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REVISED 03/2012