



Checklist of Eligibility for Employee Tuition Waiver & Spouse/Dependent Tuition Waiver

This checklist identifies the information that administrative offices will review for tuition waiver eligibility.

**Submit completed/signed Application for Tuition Waiver form to:
Human Resources, Twamley Hall Room 313, Stop 8010.**

Tuition waivers apply to all benefitted employees of UND and of affiliated organizations* of UND. Tuition waivers for Graduate courses will be taxed to the employee required to sign the Application for Tuition Waiver. Taxable value of the graduate tuition waiver will be added to the employee's paycheck during the semester to which the tuition waiver applies. NDUS Procedure 504, Residency for Tuition Purposes, allows a spouse or dependent of a UND employee to be eligible for the ND resident tuition rate. Please visit <http://www.und.edu/dept/studentaccounts/html/residency.htm> for more information.

EMPLOYEE TUITION WAIVER:

Classes excluded from the Employee Tuition Waiver program include self supporting continuing education courses (correspondence and on-line studies). Internships, study abroad/exchange and other situations where the "tuition" flows to an outside entity are also excluded from this policy.

1. Human Resources:

- a. Application for Tuition Waiver form must have all necessary signatures.
 - UND employee must sign.
 - Employee's supervisor must sign.
- b. Must be able to verify UND employee will be actively employed as a regular (benefitted) employee on the first day of the semester.

2. Registrar's Office:

- a. Must be admitted.
- b. Has not reached the limit of 3 classes per calendar year.

3. Student Account Services:

- a. Employee does not have an overdue accounts receivable balance. (Charges of at least \$10.00 and 30 days past due.)

SPOUSE/DEPENDENT TUITION WAIVER:

Classes excluded from the Spouse/Dependent Tuition Waiver program include professional programs (Law and Medicine), and self supporting continuing education courses (correspondence and on-line studies). Internships, study abroad/exchange and other situations where the "tuition" flows to an outside entity are also excluded from this policy.

1. Human Resources:

- a. Must receive completed Application for Tuition Waiver form no later than 30 days prior to the start of the semester.
- b. Application for Tuition Waiver form must have all necessary signatures.
 - UND employee must sign.
 - Spouse or Dependent must sign.
- c. Must be able to verify UND employee will be actively employed as a regular (benefitted) employee on the first day of the semester.

2. Payroll Office:

- a. Must be able to verify the Spouse/Dependent does qualify as a dependent according to NDPERS guidelines.
 - Spouse must be under a legally existing marriage between persons of the opposite sex.
 - Dependent children, unmarried, under the age of 26.
 - Dependent children, age 23 thru 25, must be a full-time student at an accredited institution. Must provide proof of full-time student status.
- b. If not currently on NDPERS Health Plan, must provide the following verification: Marriage license, birth certificate and/or legal documents to prove status.

3. Registrar's Office:

- a. Must be admitted.
- b. Must not be on academic probation.

4. Student Account Services:

- a. Employee and Spouse/Dependent do not have an overdue accounts receivable balance. (Charges of at least \$10.00 and 30 days past due.)

*UND Aerospace Foundation, UND Alumni Association and Foundation, RE Arena Inc., UND Arena Services Inc., Arena Holdings Charitable LLC & Affiliates, UND Center for Innovation Foundation, The Fellows, Law School Foundation, EERC Foundation, UND Research Foundation, and UND Army and Air Force ROTC faculty. As well as NDUS Common Information Services and NDUS Office employees



APPLICATION FOR TUITION WAIVER

University of North Dakota



Submit completed/signed form to Human Resources, Twamley Hall Room 313, Stop 8010
Reminder: Dependent/Spouse Waiver Applications are due no later than 30 days prior to the start of the semester.

I. INFORMATION BELOW TO BE COMPLETED BY EMPLOYEE				
EMPLOYEE NAME		EMPLOYEE ID #		DAYTIME PHONE
DEPARTMENT		CAMPUS STOP #	EMPLOYEE EMAIL ADDRESS	
EMPLOYER: <input type="checkbox"/> UND <input type="checkbox"/> OTHER _____				
AFFILIATED ORGANIZATION/NDUS INSTITUTION				
STUDENT FULL NAME		STUDENT DATE OF BIRTH		STUDENT ID#
WAIVER APPLIES TO (<i>Check one</i>)		STUDENT STATUS (<i>Check one</i>) *		TERM OF WAIVER (<i>Complete Yr & Check Only One</i>)
<input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate		Year: 20 ____ <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring
II. TUITION WAIVER REQUESTED THIS SEMESTER (<i>Please choose one</i>)				
<input type="checkbox"/> EMPLOYEE (Up to 3 classes per calendar year)				
1st Course	Dept	Title	Clæ• #	Day/Time
2nd Course	Dept	Title	Clæ• #	Day/Time
3rd Course	Dept	Title	Clæ• #	Day/Time
<input type="checkbox"/> SPOUSE OR DEPENDENT - 50% TUITION WAIVER				
III. EMPLOYEE, SPOUSE AND/OR DEPENDENT SIGNATURES (<i>Employee signature required for all requests</i>)				
I certify that I have read and understand the Tuition Waiver policy: Employee: http://www.ndus.edu/policies/sbhe-policies/policy.asp?ref=2282 Spouse/Dependent: http://www.humanresources.und.edu/html/SpouseDependentTuitionWaiverPolicy.html				
I authorize the release of any information, pertinent to decide eligibility for this request, to Human Resources, Payroll, Registrar's Office, and Student Account Services. In the case of a dependent/spouse tuition waiver request, I authorize release of information, pertinent to this request, to the employee. I understand that courses dropped after the 7th day of the term will count as a waived course and that the value of tuition waiver for Graduate courses will be taxable to the employee.				
EMPLOYEE SIGNATURE (Required) _____			DATE _____	
SPOUSE OR DEPENDENT SIGNATURE _____			DATE _____	
IV. APPROVALS				
Supervisor Signature required for Employee Tuition Waiver Only:		Affiliated Org/NDUS Signature required for Non-UND employees only:		
Supervisor/Dept Head Name-please print		Affiliated Org./NDUS Institution Approval - please print		
Supervisor/Dept Head Approval Signature Date		Affiliated Org./NDUS Institution Signature Date		
FOR OFFICE USE ONLY				
Human Resources Approval Signature Date		<input type="checkbox"/> ELIGIBLE <input type="checkbox"/> INELIGIBLE _____		
Payroll Approval Signature Date		<input type="checkbox"/> ELIGIBLE <input type="checkbox"/> INELIGIBLE <input type="checkbox"/> ELIGIBLE IF FT STUDENT _____		
Registrar Approval Signature Date		<input type="checkbox"/> ELIGIBLE <input type="checkbox"/> INELIGIBLE _____		
Student Account Services Approval Signature Date		<input type="checkbox"/> ELIGIBLE <input type="checkbox"/> INELIGIBLE _____		