

# Montana University System Dependent Partial Tuition Waiver Application

*This application is solely to determine eligibility for the Dependent Partial Tuition Waiver. It does not register you with the University nor does it enroll you in classes.* Dependent students and employees must both complete the following and sign and date in the spaces provided. Employees must complete this form and return it to their campus human resources/personnel office within the deadlines established by each campus.

DEPENDENT/SPOUSE		EMPLOYEE	
Name:		Name:	
Student ID:		Banner ID#:	
Relationship to Employee:		Employing Dept:	
Applying for Session/Semester: (Summer/Fall/Spring/Yr)		Employing Montana University System Campus:	
Will you be combining the Dependent Partial Tuition Waiver with any other university tuition waiver or scholarship?		Are you using a Faculty/Staff Tuition Waiver for this semester?	
Please list all campuses where you may utilize this waiver:		Are you utilizing a Dependent Partial Tuition Waiver for another student this semester? (List student's name and campus)	

**Employee/Dependent Eligibility:** Employees must be employed at least  $\frac{3}{4}$  time for 120 calendar days (e.g., four months) before being eligible for a dependent tuition waiver benefit. Eligibility begins at the start of the first full academic semester or summer session that follows the 120-day waiting period. Up to two dependents may utilize the dependent tuition waiver simultaneously in an academic term. Employees who utilize the faculty and staff waiver are eligible for a single (one) dependent waiver during the same academic term. Employees must be employed at least  $\frac{3}{4}$  time during the entire academic term (e.g., semester or summer session) in which a dependent utilizes the waiver in order to receive the benefit of the waiver. A dependent includes the employee's spouse or adult dependent, as defined in the MUS Employee Benefits Plan, and financially dependent children as defined by the Internal Revenue Code who are unmarried and under age 25.

**Dependent Tuition Waiver Benefit:** The tuition waiver benefit for dependents shall be for 50% of the residential tuition. In no case may registration, course fees or any other mandatory or miscellaneous fees be waived. Dependents may utilize the tuition waiver benefit to take courses at a two-year college that is affiliated with either Montana State University or the University of Montana or in any other two-year or certificate programs and to obtain a first baccalaureate degree at any unit of the university system. Dependents may not use the tuition waiver benefit to attend law school or obtain a graduate degree. The tuition waiver does not apply to non-credit, continuing education or other self-supporting courses.

**By signing below we certify we meet all the eligibility guidelines set forth in Board of Regents Policy 940.32, Tuition Waiver for Dependents.** Misrepresentation of eligibility by employee or student may be cause for the employee's discharge and any tuition waiver received may be withheld from the employee's salary or charged to the student's account. The value of the tuition waiver may also be withheld from the employee's paychecks or charged to the student's account if the employee terminates employment or employee FTE is reduced to below  $\frac{3}{4}$  time during the academic term.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>OFFICIAL USE ONLY – TO BE COMPLETED BY THE EMPLOYING HUMAN RESOURCES DEPARTMENT</b>		
I confirm that the employee listed above has been employed at least $\frac{3}{4}$ time for at least 120 calendar days as of the first day of the academic term.		
Signature: _____	Date: _____	
Name: _____	Phone: _____	Email: _____