

Office of Financial Aid Services

Bozeman, MT 59717-4160 Tel: (406) 994-2845

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P.O. Box 174160 <u>scholarships@montana.edu</u>

Faculty & Staff Tuition Waiver Request

ime:	MSU ID:Phone number:	
partment:		
mail:	Semester:	Year: 20
Faculty Staff	E	FTE (must be .75 or more) Credits (# carried this term)
and the Director/Dean fo 3/4 time (FTE .75) during	waived (must be state residents) with or permanent University System Employ the entire semester. This pertains to a sonal, or fixed term employees are not 13	oyees who are employed at least all Faculty and Staff. Please note:
⇒ Employees who utilize the academic term.	is tuition waiver are only eligible to use	e one Dependent Waiver during the s
⇒ Tuition waivers are grant	ed for the first 6 credits of residential t	uition only.
•	e returned by the 15th class day of each after this date will not be considered!	
⇒ Retroactive Tuition Waive	ers will not be honored.	
⇒ The employing departme Montana University Syste	ent must be an entity of any unit of Mo em.	ntana State University or the
⇒ A separate form must be requested.	completed for each semester that a fa	aculty/staff waiver is being
Two sign	natures <u>plus</u> the student signature a	are required
Student's Signature		Date
Supervisor's Signature		Date
Director/Dean Signature		Date
Human Resources Signature (see below)		Date

^{*}HR signature is only needed if faculty/staff member is employed by a MUS campus other than MSU Bozeman.