



## Faculty and Staff Enrollment Fee Reduction Application

This application should be completed for each student for each term.

Name of Student \_\_\_\_\_ Banner ID# \_\_\_\_\_

Term \_\_\_\_\_

Employee/Officer's Name \_\_\_\_\_ Banner ID# \_\_\_\_\_

I certify that the above named student qualifies for the 75% percent reduction in enrollment fees for the following reason :

\_\_\_\_\_ Full time employee at the beginning of the applicable term and hired prior to September 1, 2012

\_\_\_\_\_ Full time employee hired after September 1, 2012 with one year completed service to the University at the beginning of the applicable term (spouses and children of full time employees hired after September 1, 2012 are also subject to the one year waiting period)

\_\_\_\_\_ Member of the Board of Governors or other officer designated in the by laws of the Board of Governors

\_\_\_\_\_ Spouse (persons legally married to qualified officers or employees at the beginning of applicable term)

\_\_\_\_\_ Child (natural or legally adopted under the age of 25 at the beginning of applicable classes or stepchildren who are legal dependents for income tax purposes and under the age of 25 at the beginning of applicable classes)

\_\_\_\_\_ Former full time employee, their spouse and children who (mark one):

\_\_\_\_\_ is disabled and who has been granted a written leave of absence due to such disability;

\_\_\_\_\_ has retired and been granted emeritus status;

\_\_\_\_\_ has completed at least ten years full time employment and was employed full time at the time of their death

\_\_\_\_\_ has retired from the University with a minimum of 15 years of service to the University

(same definitions of spouse and child are applicable).

I understand that the enrollment fee reduction applies ONLY to the following: Regularly scheduled Truman State University classes with in-state enrollment fees. It does not apply to courses where enrollment fees are established or received by institutions other than Truman State University.

I further understand that the enrollment fee reduction does NOT apply to other charges, such as:

- \* Out-of-state tuition
- \* Dual enrollment fees
- \* Workshop fees
- \* Course overload charges
- \* Residence Hall charges
- \* Academy fees
- \* Program fees
- \* Travel costs
- \* Off-campus course fees
- \* Supplemental class fees
- \* Summer camp fees

If full time employee, complete the following:

| Course ID | Course Title | Credit Hours | Meeting Time |
|-----------|--------------|--------------|--------------|
|           |              |              |              |
|           |              |              |              |
|           |              |              |              |

I have reviewed and understand the terms of this application and Board Policy Section 11.090. By signing below, I certify all information herein is accurate. I affirm that my spouse and/or child (if applicable) meet/s the above definitons. I understand the reduction in enrollment fees is not available for other relatives even though such relative may live with me, be supported by me, or be my legal ward. I understand providing inaccurate information may result in the loss of my enrollment reduction privileges and require payment of any reduced fees.

\_\_\_\_\_  
Employee/Officer's Signature

\_\_\_\_\_  
Date

The above named employee/officer has approval to enroll in a class or classes (if applicable) and is qualified for the enrollment fee reduction pursuant to Board Policy.

\_\_\_\_\_  
Supervisor or Department Head Signature

\_\_\_\_\_  
Date

Eligibility verified by:

\_\_\_\_\_  
Human Resources

\_\_\_\_\_  
Date

Validation by Payroll Department (MC 106)

\_\_\_\_\_

NOTE: Some discount benefits result in taxable income to the employee and in some instances the employee must pay federal, state and FICA (Social Security) on the amount of the discount.