



## Employee Tuition Waiver Noncredit, Undergraduate & Graduate Credit Courses

1. Please complete the following course information, obtain supervisor approval, and submit to the Human Resources office prior to the first day of classes.
2. You may **not** register for yourself; the Registrar's Office will register you on the first day of class.
3. Prior to submitting a tuition waiver, you are responsible for ensuring that you have been formally accepted as a student to CMU. If you did not attend classes within the last year you must complete the new student or returning student application process.
4. You are responsible for taking care of any registration hold by the Friday before the start of the class. If there are known registration errors, such as pre-requisites, instructor signed add slips may be submitted in advance.
5. Only one class per form.
6. You are responsible for payment of student fees and other amounts not covered by the employee tuition waiver.

Name: _____	700 #: _____	Campus Tel #: _____
I am requesting a tuition waiver for _____ (#) hours for (circle one) spring / fall semester, 20____		
Course Reference #: _____		Class Name: _____
Dept/Section #: _____	Non-Credit _____ Undergraduate _____ Graduate _____	
Have you ever taken course(s) at CMU or Mesa State College? Yes _____ No _____ (see below)		
If not, you must go through the Admissions process before you can be registered for this class.		
How is this course job-related or career enhancing?		

- If I do not earn a passing grade ('C' or better) for all hours, I will reimburse the cost of tuition and agree to an immediate payment or payroll deduction for the amount owed. I understand there is an appeal process which is explained in the policy.
- If the class is held during my business hours, I will either make up time lost or charge the time to annual leave.
- I understand that tuition waivers for graduate credits are taxable and will be added to my taxable income on September's paycheck for summer & fall waivers and February's paycheck for spring waivers or in the month the form is approved after the said payroll is complete.

Employee Signature _____	Date _____
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<b>Supervisor Approval:</b> I confirm that this employee is employed at 0.75 FTE or greater, that the above class does not conflict with regular work hours or that appropriate arrangements have been made, and the class is job-related and career enhancing.	
Supervisor Signature _____	Date _____

<b>Benefit Approval:</b> Is employee benefits eligible? ____Yes ____ No	
Employee FTE ____	Payroll Org _____
Administrative ____	Classified ____
Faculty ____	
HR/Payroll Signature _____	Date _____

University President/Delegate Signature _____	Date _____
Registrar Signature _____	
By signing I confirm that space is available in the above class without eliminating a tuition-paying student.	Date _____

**Employee: Submit form, once approved by Supervisor to Human Resources.**