



# Authorization for Fee Reduction

This is to certify that the individual identified below is entitled to receive a reduction of tuition assessed as indicated.

Today's Date \_\_\_\_\_

Term (only select one):  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_

Student's Name (Last, First Middle) \_\_\_\_\_

Student's 919 # \_\_\_\_\_

Select who the waiver is for:

- Full-time Employee
- Part-time Employee (covered by MOSERS)
- Full-time Employee Spouse/ Dependent claimed on employee's Federal tax return for the past calendar year
- Part-time Employee Spouse/ Dependent claimed on employee's Federal tax return for the past calendar year
- Senior Citizen (65 and over)
- Retiree
- Retiree Dependent
- Other (specify) \_\_\_\_\_

I approve this enrollment and fee waiver based on Northwest's work release policy.

\_\_\_\_\_  
Signature of Budget Custodian or Budget Custodian's Supervisor

\_\_\_\_\_  
Department Name

## To be completed by employee (1 or 2 as applicable)

### 1. EMPLOYEE HANDBOOK AGREEMENT

I certify that as an employee of Northwest Missouri State University I have read and understood the employee handbook, as it relates to tuition reduction. I also certify that I am not enrolled in more than 6 credit hours of in-person learning.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
919 number

### 2. EMPLOYEE-DEPENDENT AGREEMENT

I certify that the above named student is my spouse or a child claimed as a dependent on my Federal income tax return for the past year.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
919 number

## GENERAL FEE WAIVER POLICY

- Completed form must be submitted to Cashiering by the first day of the term
- Fee reduction applies to Northwest tuition only (incidental and designated fees up to a certain rate)
- Fee reduction for graduate courses are taxable and will be included in the employee's gross income during the term of enrollment
- The student is responsible for all other fees
- For details, refer to the employee handbook

## Office Use Only

Date Received \_\_\_\_\_

Employee FOAP \_\_\_\_\_

Waiver Code \_\_\_\_\_