



Murray State University
KRS164.020(32)
Faculty & Staff Tuition Waiver Program
REQUEST FOR WAIVER OF TUITION

Bursar's Use Only	
Course Level _____	
\$ Amount _____	

Section I. Employee Information

Employee Last Name _____ First _____ M.I. _____ S.S. No. _____

Classification: Graduate Student Undergraduate Student Other _____

Department _____ Position Title _____ Office Phone No. _____

Employing Institution _____ Contact Person _____ Phone Number _____

Institution Mailing Address _____

Section II. Course Information

Entry No.	Course/Section	Course Title	CRS	Time	Day
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

These courses are being taken for: Undergraduate Credit Hours Graduate Credit Hours Audit

Year _____ Summer II Fall Spring Summer I

Section III. Employee Signature

I hereby request that tuition fees be waived for my enrollment in the above MSU course(s). I understand that I must apply for admission to MSU and must enroll in the above course(s) using the RACER TOUCH system.

(1) _____
Employee Signature Date

Section IV. Employing Institution Authorization

This employee is a regular, full-time employee at _____

(2) _____
Administrative Approval Signature Date

_____ Title

THE TUITION WAIVED BY MSU MAY BE A TAXABLE BENEFIT TO THE EMPLOYEE.

Section V. Murray State University Authorization

(1) _____
Human Resources Date
(270) 762-2146 FAX (270) 762-3464

(2) _____
Bursar's Office (270) 762-4226 Date

This form must be approved and presented to the MSU Bursar's Office before registration or at registration. The MSU Bursar's Office will make the following distribution of the completed form: Employee Employing Institution MSU Human Resources CE/AO

FOR MURRAY STATE HUMAN RESOURCES OFFICE USE ONLY	
Employing Institution Approval _____	Original to Bursar _____
Student Financial Aid Copy _____	File Copy _____ CE/AO copy if 75-99 _____

***If employment status changes during term, please notify MSU Bursar's Office.