SUL ROSS STATE UNIVERSITY
Employee’s Dependent Scholarship Registration

1. Eligibility and Requirements:
   a. Dependents of university employees who are benefits eligible, excluding graduate teaching and research assistants, who have been claimed on the employee’s most recent tax return as a dependent are eligible to take up to a maximum of six hours during a regular semester and three hours during a mid-winter and a total of six hours during the summer term at a reduced tuition rate per semester credit hour with the remaining fees paid through scholarship. The discounted semester credit hours are limited to three hours for short semesters or six hours for long semesters per semester for the whole family unit even if more than one dependent is enrolled. This benefit will only apply to courses which have already met the minimum enrollment required enrollment of six students for undergraduate classes and three students for graduate classes excluding faculty, staff and dependents taking classes under the Fee Waiver program. The Enrollment Management Division will publicize periodically those eligible courses.
   b. Any tax liability that may be incurred as a result of this benefit will be the responsibility of the employee.

2. Procedures:
   a. Employee and dependent complete Section A.
   b. Employee takes the form to a Human Resource Representative for completion of Section B and provides the first page of the most recent tax return indicating the dependent is an eligible dependent. HR will attach a redacted copy of the first page of the employee’s income tax return.
   c. Employee obtains Records and Registration Certification that the requested classes have met enrollment minimums of Section C.
   d. Dependents must be admitted to the university. Applications for admission may be completed online at www.applytexas.org or on paper applications obtained from the Center for Enrollment Services in Alpine or the Admissions and Records Office at RGC campuses. Once admitted, students may register online through Banner Self Service or in person at the Center for Enrollment Services in Alpine or the Admissions and Records Office at the RGC campuses.
   e. Employee presents form to Cashiers for completion of Section C at time of registration for the scholarship to be applied or after registration for reimbursement of fees paid by the dependent.

4. Fees to be waived by Sul Ross State University as applicable to Alpine and RGC for a maximum of six hours.
   a. Designated Tuition
   b. Student Service Fee
   c. Student Center Fee
   d. Computer Access Fee
   e. Technology Services Fee
   f. Recreational Sports Facility Fee
   g. International Education Fee
   h. Records Fee
   i. Library Fee
   j. Medical Fee
   k. Athletic Fee

5. This benefit and associated procedures are subject to change.
SUL ROSS STATE UNIVERSITY

Employee Dependent Scholarship Registration

Section A: Employee Dependent Scholarship Request

Employee ____________________________ Banner “A” Number______________
Last    First    Middle

Work Department_________________________ Job Title ____________________________

I request a scholarship for the following class during the______________ semester for my

Dependent’s Name ____________________________ Banner “A” Number______________

Relationship to Employee______________________________

<table>
<thead>
<tr>
<th>CRN</th>
<th>Subject and Number</th>
<th>Course Title</th>
<th>Class Meeting Days</th>
<th>Start Time</th>
<th>End Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Employee Signature/Title______________________________ Date __________________

Dependent________________________________________ Date __________________

Section B: Human Resources Certification
I certify that this individual is a benefits eligible University employee and their dependent is an eligible dependent and is listed on their income tax return as a dependent.

Signature/Title____________________________________ Date __________________

Section C: Records and Registration Certification
I certify the above classes have met the required enrollment of six students for undergraduate classes and three students for graduate classes excluding faculty, staff and dependents taking classes under the Tuition Scholarship and Fee Waiver program.

Signature/Title____________________________________ Date:____________________

Section D: Cashier’s Office Fees Payment
Local University fees in the amount of $________ has been waived by the University.

Tuition Scholarship in the amount of $________ has been paid by the University.

Signature/Title____________________________________ Date___________________

Attachment B