

SUL ROSS STATE UNIVERSITY
Employee Registration Fee Waiver and Tuition Scholarship

1. Eligibility and Requirements:

- a. University employees that are benefits eligible excluding graduate teaching and research assistants.
- b. Any tax liability that may be incurred as a result of this benefit will be the responsibility of the employee.

2. Staff Development Policy Applies:

- a. The Administrative Policy Manual Staff Development Policy 5.14 still applies.
- b. The revised work schedules must be completed for courses during regular working hours.
- c. Hours of class attendance must be made up hour for hour during the same workweek.

3. Procedures:

- a. Employee completes Sections A and B. Employee must describe how classes to be taken comply with the State law requirement that courses are related to the duties or prospective duties of the employee or to health fitness or related education.
- b. Employee presents "Employee Request for Registration Fee Waiver and Tuition Scholarship" form to supervisor and account manager to complete Section C. By signing the form supervisors certify that classes to be taken comply with the State law requirement that courses are related to the duties or prospective duties of the employee or to health fitness or related education.
- c. Employee takes form to a Human Resource Representative for completion of Section D.
- d. Regular registration procedures must be completed online or through the Registrar's Office.
- e. Employee obtains Records and Registration Certification that the requested classes have met enrollment minimums of Section E. Courses piloted to satisfy the terms of a grant and are funded by grant monies are exempt from having to meet the enrollment minimums and will be certified by the grant managers as grant funded courses.
- f. Employee presents form to Cashiers for completion of Section F at time of registration for fee waiver or after registration for reimbursement of fees paid by employee.

4. Fees waived by Sul Ross State University for 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 include the following:

- 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

5. A scholarship for the state minimum will be paid by SRSU for eligible classes under this policy for 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.

6. An employee who fails to complete the class successfully with a passing grade will be required to reimburse the University tuition scholarship and fees waived.

7. This benefit and associated procedures are subject to change.

SUL ROSS STATE UNIVERSITY

Employee Request for Registration Fee Waiver and Tuition Scholarship

Section A: Employee Fee Waiver Request and Tuition Scholarship work schedule revisions

Employee _____ Banner "A" Number _____

 Last First Middle

Work Department _____ Job Title _____

I request fee waiver and tuition scholarship for the following classes during the _____ semester:

CRN	Subject and Number	Course Title	Grant Funded Indicated with '**'	Class Meeting Days	Start Time	End Time

Are any classes during regular working hours? Yes No If yes, please complete the revised work schedule below:

Days	Regular Daily Work Schedule	Revised Daily Work Schedule
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Section B: Employee Agreement

I agree to the revised work schedule and will honor it to fulfill my responsibilities to the University. I understand I will not receive a student I.D. card, since SRSU is waiving the related fees. I understand that failure to complete the class successfully with a passing grade will require me to reimburse the University tuition scholarship and fees waived. By signing this agreement, I grant access to my student records for purposes of determining successful completion of the course(s) for which the waiver and scholarship is/are sought.

To be considered for the tuition scholarship and university fee waiver, I have described below how the class/es are related to my current duties or prospective duties or to health fitness or related education:

Employee Signature _____ Date _____

Section C: Supervisory and Account Manager's Approval for Employee Fee Waiver and Tuition Scholarship

I certify that the responsibilities and functions of my area will not be adversely affected by the above request. I hereby certify compliance with State law based on my determination that class/es are related to the duties or prospective duties of the employee or to health fitness or related education as described by the employee above. By my signature I approve and certify compliance.

Permission is thus granted. Supervisor Signature/Title _____ Date _____

Account Manager/Title _____ Date _____

(If different from Supervisor)

Section D: Human Resources Certification

I certify that this individual is a benefits eligible University employee.

Signature/Title _____ Date _____

Section E: 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 _____

I certify the course/es that are piloted and funded by grant monies, indicated with an '**' in Section A, are exempt from having to meet the minimum enrollment of six students for undergraduates and three students for graduate classes.

Signature of Grant Manager/Title _____ Date _____

Section F: 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 _____