

MICHIGAN STATE UNIVERSITY
HUMAN RESOURCE DEVELOPMENT

**EDUCATIONAL ASSISTANCE PROGRAM
APPLICATION**

GENERAL INSTRUCTIONS

NOTE: Refer to the Educational Assistance Program brochure for terms and conditions specific to your employee group.

MSU TUITION WAIVER

- Submit the original completed Educational Assistance Application, *with department authorization*, to Human Resource Development 30 days prior to Student Accounts billing date (deadlines are published in *Source* and on HRD web site).
- Notification will be sent to the employee, within 15 days of Human Resource Development's receipt of the application, indicating if the course was approved or denied.
- If proof of successful course completion (2.0 or better) is not received from the Registrar's Office or if tuition waiver is used for a course that is not pre-approved by Human Resource Development, the amount of tuition waiver may be deducted from the employee's payroll check.

TUITION REIMBURSEMENT

- Submit the original completed Educational Assistance Application, *with department authorization*, to Human Resource Development *30 days prior to the first day of class*.
- Notification will be sent to the employee, within 15 days of Human Resource Development's receipt of the application, indicating if the course was approved or denied.
- Reimbursement of *Human Resource Development pre-approved courses only* is processed when the employee provides proof of successful course completion (see below) *and proof of course cost*.
 - Credit Course: a copy of the grade report indicating a grade of 2.0 or better
 - Non-Credit Course: a copy of a course certificate signed by the course instructor, or a completed Non-Credit Course Certification of Successful Completion Form available from Human Resource Development

Note: Maximum waiver or reimbursement amount per credit is the current MSU prevailing lifelong/graduate fee per credit rate. Fees may be higher in some programs. Those additional charges in excess of the MSU prevailing fee per credit rate are the responsibility of the student.

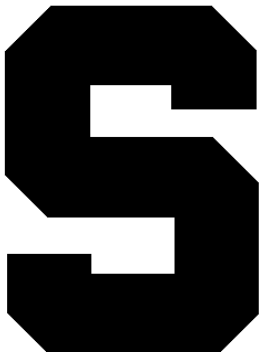
Note: Amount of tuition benefits for graduate degree-related courses in excess of \$5,250 in a tax (calendar) year is subject to taxation. Please see Conditions of Employee Signature for withholding authorization.

MAILING AND CONTACT INFORMATION

Michigan State University
Human Resource Development
Nisbet Building
1407 S Harrison Rd Ste 10
East Lansing MI 48823-5239

Open Monday through Friday
8:00 a.m. - 5:00 p.m. (INCLUDING THE LUNCH HOUR)
PHONE: (517) 355-0183 FAX: (517) 432-2979

MSU is an affirmative-action/equal opportunity employer.



(Revised 10/07)

INSTRUCTIONS FOR COMPLETING THE APPLICATION

NOTE: Refer to the Educational Assistance Program brochure for terms and conditions specific to your employee group.

EMPLOYEE: NOTE: If submitting more than one application, each form requires department authorization.

| | |
|----------------------------------------------------------|---------------------------------------------------|
| NAME: Last name first; <i>please print</i> | SOCIAL SECURITY NUMBER: |
| WORK ADDRESS : Work site | WORK TELEPHONE: Work site telephone number |
| OTHER FINANCIAL AID: Circle all those applicable. | |

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Check the semester or term and write the appropriate year for each course in the space provided. Note: Term credit represents 2/3 of a semester credit. Reimbursement is adjusted accordingly. | TUITION WAIVER: Only MSU credit courses are eligible. REIMBURSEMENT: Check appropriate box. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|

SPACE FOR ADDITIONAL COURSES AT END OF APPLICATION

| | |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INSTITUTION NAME | Name of institution where course is offered. |
| COURSE TITLE | Course name |
| COURSE ID | Alpha code (i.e., French class might be "FRN") and number identifying course. <i>BE SPECIFIC</i> |
| COURSE TYPE | Credit: Check only if there will be <i>earned credits</i> upon course completion. Indicate the number of <i>earned credits</i> . Audited or visited classes are not eligible. Non-Credit: Check only if there will be <i>no</i> earned credits upon course completion. |
| FEE PER CREDIT | Amount paid for one credit. Does not include other course fees. Non-Credit = N/A |
| TOTAL COURSE COST | Amount paid for requested credits (MSU ONLY: Add matriculation fee) Non-Credit = Total cost of course/seminar |
| COURSE LEVEL | Graduate or Undergraduate. Non-Credit = N/A |
| JOB RELATED | A course directly related to the field of current job assignment. |
| DEGREE RELATED | A course required in a degree program. <i>Indicate the type of degree (i.e., B.A., Ph.D., etc.)</i> |
| PROFESSIONAL/CAREER RELATED | A course relating to a more responsible, higher level <i>MSU position</i> . |

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| RELEASE TIME: Time requested to attend class. Supervisor approval is required. See specific collective bargaining agreements and/or Educational Assistance Program brochure. |
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READ THE "CONDITIONS OF EMPLOYEE SIGNATURE" AT THE END OF THE FORM BEFORE SIGNING THE APPLICATION.

SUPERVISOR/DEPARTMENT ADMINISTRATOR:

| |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RECOMMENDED: After review of course information on the application, check YES or NO. If the course is not recommended by the supervisor/department administrator, it will not be approved by Human Resource Development. |
| JOB RELATED: After review of course information on the application, check YES or NO. |
| RELEASE TIME APPROVAL: After review of release time hours on the application, check YES or NO. |
| NAME and SIGNATURE: The application will not be accepted without supervisor's/department administrator's name and signature. |

**SEND ORIGINAL APPLICATION TO HUMAN RESOURCE DEVELOPMENT.
PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.**

MICHIGAN STATE UNIVERSITY EDUCATIONAL ASSISTANCE PROGRAM APPLICATION

Please read instructions before completing application.

| | |
|----------------------------------------------------------------------------------|---------------------------|
| NAME: | SOCIAL SECURITY #: |
| WORK ADDRESS: | WORK TELEPHONE #: |
| (circle if eligible) VETERANS BENEFITS *SCHOLARSHIPS* COURSE FEE COURTESY | EMPLOYEE GROUP: |

| | | | |
|------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> FALL 20____ | <input type="checkbox"/> SPRING 20____ | <input type="checkbox"/> MSU TUITION WAIVER | <input type="checkbox"/> INITIAL APPLICATION |
| <input type="checkbox"/> WINTER 20____ | <input type="checkbox"/> SUMMER 20____ | <input type="checkbox"/> REIMBURSEMENT | <input type="checkbox"/> ADDITIONAL COURSES |
| <input type="checkbox"/> SEMESTER OR <input type="checkbox"/> TERM | | <input type="checkbox"/> NON-MSU CREDIT | <input type="checkbox"/> CORRECTION |
| Note: Term credit represents 2/3 of a semester credit. Reimbursement is adjusted accordingly. | | <input type="checkbox"/> NON-CREDIT | |
| | | <input type="checkbox"/> MSU CREDIT (547 ONLY) | |

| USE LAST PAGE OF FORM FOR ADDITIONAL COURSES | <i>FIRST COURSE</i> | <i>SECOND COURSE</i> |
|----------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| INSTITUTION NAME | | |
| COURSE TITLE | | |
| COURSE ID | (ALPHA CODE) ____ / ____ / ____ / ____ (NUMBER) ____ / ____ / ____ / ____ | (ALPHA CODE) ____ / ____ / ____ / ____ (NUMBER) ____ / ____ / ____ / ____ |
| COURSE TYPE | <input type="checkbox"/> CREDIT, # <input type="checkbox"/> NON-CREDIT | <input type="checkbox"/> CREDIT, # <input type="checkbox"/> NON-CREDIT |
| FEE PER CREDIT | | |
| TOTAL COURSE COST | | |
| COURSE LEVEL | <input type="checkbox"/> GRADUATE <input type="checkbox"/> UNDERGRADUATE | <input type="checkbox"/> GRADUATE <input type="checkbox"/> UNDERGRADUATE |
| JOB RELATED? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DEGREE RELATED? | <input type="checkbox"/> YES, Type? <input type="checkbox"/> NO | <input type="checkbox"/> YES, Type? <input type="checkbox"/> NO |
| PROFESSIONAL and/or CAREER RELATED? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| Release time requested | MON: | TUES: | WED: | THURS: | FRI: | SAT: | <u>TOTAL:</u> |
|------------------------|------|-------|------|--------|------|------|---------------|
| | | | | | | | |

I request approval for tuition waiver or reimbursement as shown above. I have read and fully understand the *CONDITIONS OF EMPLOYEE SIGNATURE* at the end of this form. I certify the above information is true and accurate.

Employee Signature _____ Date _____

| For Supervisor and/or Department Administrator | RECOMMENDED? | JOB-RELATED? | RELEASE TIME APPROVED? |
|------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| FIRST COURSE | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| SECOND COURSE | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ADDITIONAL COURSES (See back) | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Supervisor and/or Department Administrator Name _____

Supervisor and/or Department Administrator Signature _____ Date _____

CONDITIONS OF EMPLOYEE SIGNATURE

By signing this form on the reverse side, I understand and agree to the following:

1. I am authorizing the Registrar's office and the Student Accounts office to release my record of course work, grades and other tuition-specific awards to the Human Resource Development office for determination of eligibility for Educational Assistance.
2. I am authorizing the amount of tuition waiver to be deducted from my payroll check. If tuition waiver is granted and I do not successfully complete the course(s) described on this form (or as amended), or if the waiver is used for other than an approved course.
3. I understand that final approval by the employer (MSU) is contingent on recommendation by my supervisor and/or department/unit administrator with authorization by the Human Resource Development office.
4. I understand that if a course described on this form is not approved by the Human Resource Development office, that course is NOT eligible for tuition waiver or reimbursement through the Educational Assistance Program.
5. I understand that the amount of tuition benefits for graduate degree-related courses in excess of \$5,250 in a tax (calendar) year is subject to taxation and that taxes on the excess will be withheld from my paycheck.

ADDITIONAL COURSES PER SEMESTER

| | ADDITIONAL COURSE | ADDITIONAL COURSE |
|--------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------|
| INSTITUTION NAME | | |
| COURSE TITLE | | |
| COURSE ID | (ALPHA CODE) ___ / ___ / ___ / ___ (NUMBER) ___ / ___ / ___ / ___ | (ALPHA CODE) ___ / ___ / ___ / ___ (NUMBER) ___ / ___ / ___ / ___ |
| COURSE TYPE | <input type="checkbox"/> CREDIT, # <input type="checkbox"/> NON-CREDIT | <input type="checkbox"/> CREDIT, # <input type="checkbox"/> NON-CREDIT |
| FEE PER CREDIT | | |
| TOTAL COURSE COST | | |
| COURSE LEVEL | <input type="checkbox"/> GRADUATE <input type="checkbox"/> UNDERGRADUATE | <input type="checkbox"/> GRADUATE <input type="checkbox"/> UNDERGRADUATE |
| JOB RELATED? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DEGREE RELATED? | <input type="checkbox"/> YES, Type? <input type="checkbox"/> NO | <input type="checkbox"/> YES, Type? <input type="checkbox"/> NO |
| PROFESSIONAL and/or CAREER RELATED? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

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