

THE UNIVERSITY OF SOUTHERN MISSISSIPPI
FACULTY AND STAFF TUITION WAIVER

Date _____

Semester _____

Academic Year _____

CERTIFICATION

All full-time benefit-eligible employees of The University of Southern Mississippi are eligible for up to six (6) credit hours, per semester with only three (3) credit hours taken during the work day. Part-time (less than 40 hours) benefit-eligible employees are eligible for up to three (3) credit hours, per semester. Part-time employees are not eligible to take the course during their normal work schedule. **I understand that I must maintain a semester 2.0GPA to continue the free course benefit.**

	Emploment Status	Regular Full-Time	Regular Part-Time
Name of Employee (Print)	Student Status:	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate
Signature of Employee (See Certification)	Employee ID Number		

APPROVAL (Director)

I have read and understand the procedures related to the Faculty/Staff Academic Policy 4.2. I also certify that I am the approving authority for the department budget and have verified the eligibility of the above employee.

Name and Title (Print)	Department

Signature

1. Instructions
 - a. Complete this form. **You will need to be registered for classes in order for it to be processed.**
 - b. Return this form to Human Resources (Box 5111). The form must be returned no later than: July 1 for Fall semester, December 1 for Spring semester, and May 1 for Summer semester.
2. Employees maintaining a permanent residence outside the State of Mississippi will be responsible for payment of out-of-state tuition.
3. Tuition for graduate coursework exceeding \$5,250.00 is taxable.
4. Employees are responsible for all fees associated with the course.
5. Employee must be employed on the first day of classes (as reflected in the USM Academic Calendar).
6. If employee terminates on or prior to drop date of a semester, employee will be required to pay full tuition for the course.

FOR HR USE ONLY:

Employed Full-time Part-Time

Staff member eligible for: **6 semester hours** **3 semester hours**

Date received: _____ Date entered: _____ Entered by: _____

HR-5/2019