

Employee Enrollment

Spouse Enrollment

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

Murray State University
REQUEST FOR WAIVER OF TUITION
HEA 189
(One Person per Waiver Form)

EMPLOYEE

Employee
Last Name _____ First _____ M.I. ____ M Number _____

Department _____ Position Title _____ Office Phone No. _____

HEA 189

Year _____

Fall

Spring

SPOUSE Information *(To be completed for spouse enrollment only)*

Last Name _____ First _____ M.I. ____ M Number _____

I _____ *(employee name)* elect to transfer my waiver of tuition benefit to the above-named spouse and hereby certify that the above-named meets the guidelines approved by the Board of Regents for eligibility for this benefit. I certify that the information provided on this form is true and accurate to the best of my knowledge.

First-time takers OR it has been 2 calendar years since taking HEA 189 must complete an application.

[HEA 189 Application](#) (PDF) Fall 2017 - Application deadline August 16, 2017

THE TUITION WAIVED BY MSU MAY BE A TAXABLE BENEFIT.

(1) _____
Employee Date

(3) _____
Bursar's Office Date

(2) _____
Human Resources *(indicates eligibility)* Date

This form must be approved and presented to the Bursar's Office before the registration deadline.