University of Missouri **Tuition Reduction Form**

(For Spouse and Dependents)

Form must be submitted no later than the end of the semester or session stated below.

NOTICE TO CASHIER: When properly approved, this form is notice that the spouse or dependent of the employee named below is entitled to a 50% reduction of the tuition for up to 140 credit hours of University of Missouri college credit courses. For all courses (undergraduate, graduate, or professional) the rate of such fee reduction shall be based upon the tuition charged to a resident student for undergraduate courses at the campus they are attending.

EMPLOYEE SECTION						
Employee Name (Last, First, Middle Initial)					Employee ID	Retiree
			_			
Employee's Campus						
Columbia/UOEXT	Hospital	Kansas City	Rolla		St. Louis	UM System
Student's Name (Last, First, Middle Initial)					Student ID	
Student's Relationship to the Employee (Foster children are not eligible) Child's Birthdate						
Spouse Child (natural or adopted) Step Child (living with employee)						
Semester or/Session and Year Location of Course						
Fall Spring Summer Year Columbia Kansas City Rolla						
I understand that:						
 I and my spouse or dependent must meet all eligibility requirements identified in Section 230.070 of the University's Collected Rules and Regulations and HR 309 of the Human Resources Policy Manual. 						
No tuition reduction will be granted after the deadline required to submit this form or for previously completed courses.						
All student admission requirements must be met.						
Activity fees, course fees, late fees, books, and other expenses are the responsibility of the student.						
The regular refund policy of the University applies in the event of withdrawal from a course.						
The benefits of this program for spouse and dependents pursuing graduate and professional degrees become taxable income per IRS						
section 117.						
My signature certifies that my spouse or dependent is eligible to participate in this program and if found ineligible, the University						
reserves the right to recover the amount of the tuition reduction.						
					Date	
Employee's Signature					Date	
E	nd Telephone Number		<u> </u>			
Employee's Campus Address and Telephone Number						
Send completed form to Faculty & Staff Benefits using one of the options below:						
Note: An acknowledgement of receipt will be sent and your form will be submitted to the cashier's office within 5 business days						
from receipt.					Address:	
Email: umbenefitsedu@umsystem.edu Faculty					and Staff Benefits	
Woodra						
				1000 W.		
				7, Suite 210 ia, MO 65211		
Faculty & Staff Benefit Office Use Only						
Benefit Eligibility Date	Approval				Date	
	.,					