

# Faculty/Staff Request to Enroll in University Courses

## APPLICATION

I have read and understand the instructions and information provided on the reverse side of this application.

Term	Year				
Name		Emplo	Employee ID:		
(print)					
Institution	attending:				
Course #	Credits	Course Description	Time	Days	
My status will be: undergraduate degre ( <i>Check only one</i> ) undergraduate non-d post-bachelor's		undergraduate non-degree			
-	terminate my	vroll Office to withhold from my fi employment prior to completion			
Your Signature			Date		
Department			Phone		
APPROVAL	. SIGNATURES	REQUIRED:			
Supervisor Signature			Date		
work and h	as arranged a	e indicates that the employee has satisfactory schedule to do so witl her union probationary period, if	h the supervisor. It also indicate		
Dean/CEO Signature			Date		
Director of Human Resources					
	id Action: Ent	ered on date Oth			

## Helena College University of Montana

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### INSTRUCTION QUALIFICATIONS & ELIGIBILITY:

The Montana Board of Regents has authorized The University of Montana to grant fee waivers to employees under certain conditions. You may qualify if you meet the conditions of the MUS Board policy and Helena College University of Montana which include:

- Being a permanent employee (.75 FTE or greater) during registration, fee payment, and throughout the period of enrollment
- Completing any union probationary period of employment, if required, before filing an application
- Faculty whose assignment is .75 FTE or greater in their second consecutive semester of employment.
- Enrolling in a regular University course (fee waivers do not apply to courses offered through Continuing Education)
- Obtaining approval with signatures of the supervisor and director/dean (when an employee wishes to take a course that is offered only during regularly scheduled work hours, the employee must obtain supervisor and Dean/CEO approval. An employee must take annual leave or approved leave without pay for all hours absent from the regular work schedule or make up the time absent from work).

DELIVER THIS COMPLETED FORM, INCLUDING ALL SIGNATURES FROM YOUR DEPARTMENT AND THE HUMAN RESOURCES OFFICE, TO THE FINANCIAL AID OFFICE A MINIMUM OF TWO DAYS PRIOR TO YOUR FEE PAYMENT

#### **OTHER INFORMATION:**

The faculty/staff fee waiver waives the in-state, incidental fee only. (All other fees are the responsibility of you, the student.) Any federal aid may be reduced as a result of fee waivers