

# Adjunct Faculty Tuition Waiver Application

The employee must complete the Adjunct Faculty Tuition Waiver Form, have it approved by their immediate supervisor, and submit the form to Human Resources 10 days in advance of the start of the term.

- To be eligible, the adjunct faculty member must have been employed with Bismarck State College for one year
- The adjunct faculty member must be currently teaching in the academic year requested for a tuition waiver.
- Employees are responsible for registering for BSC classes through regular admissions/registration procedures.
- All Mandatory, course/class, and distance fees are the employee responsibility to pay by the required due date.
- Schedule changes require a new waiver application form be submitted.
- Classes withdrawn after 8.999% of the class length will still be counted as a class used toward the waiver for the calendar year.

**Employee Information:**

EMPLOYEE NAME: \_\_\_\_\_ EMPLOYEE ID: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

EMPLOYEE EMAIL: \_\_\_\_\_ EMPLOYEE DEPARTMENT: \_\_\_\_\_

**Tuition Waiver Requested This Semester:**

Year of Waiver Submission: \_\_\_\_\_ Term of Waiver Submission (i.e. Fall, Spring or Summer): \_\_\_\_\_

Subject (ex. ENGL) \_\_\_\_\_ Class No.: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Course Name: \_\_\_\_\_ Meeting Time/Online: \_\_\_\_\_

I certify that I have read and understand the Faculty Policy-Tuition Waiver for Adjunct Faculty. I certify under penalties of perjury and subject to disciplinary action, up to and including termination, that I am eligible for this tuition waiver. Further, I, as the employee and student authorize and/or acknowledge the following:

- the release of any employee or student information, pertinent to decide eligibility for this request, to appropriate departments.
- in accordance with federal regulations, the tuition waiver or assistance may be used as a financial resource and become part of the student's financial aid package. Financial aid may need to be adjusted if the amount of the tuition waiver or assistance, along with other financial aid, exceeds the total cost of attendance.

**EMPLOYEE SIGNATURE (Required):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SUPERVISOR APPROVAL SIGNATURE (Required):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SUBMIT COMPLETED FORM TO:** Bismarck State College-HUMAN RESOURCES  
Email submission: [bsc.humanresources@bismarckstate.edu](mailto:bsc.humanresources@bismarckstate.edu)  
Phone: 701/ 224-2586

**HUMAN RESOURCE APPROVAL (SIGNATURE & DATE):**

**STUDENT FINANCE APPROVAL (SIGNATURE & DATE):**