GRADUATE ASSISTANT TUITION WAIVER FORM

Name: _____

Mustang ID: _____

Cell Phone Number: _____

Department Working For: _____

Graduate Assistants must enroll in a minimum of 6 graduate credits (3 for Summer) per term during employment. Minimum academic standards for the program of study must be met. A maximum of 18 graduate credits will be waived per year (Fall through Summer semester). If beginning employment in Spring semester, maximum tuition waiver credits are 12 (Spring and Summer semester). If beginning employment Summer semester, maximum tuition waiver credits are 6. Graduate Assistants must follow the withdrawal procedures and dates set by the University.

Indicate the number of graduate credits to be waived below. If you plan to use a tuition waiver for Summer semester and are not employed by SMSU during Summer as a Graduate Assistant, you must complete this form and register for Summer semester by April 1, so the taxable amount can be spread over some of the Spring semester paychecks.

Fall [ ] Spring [ ] Summer [ ]

Financial Information

I understand this is a waiver of tuition only. The Graduate Assistant is responsible for full payment of all applicable fees and other charges by the tuition due date as published each semester. I understand that this wavier is considered a taxable benefit and will be reported on form W-2 and is subject to the usual employment taxes. This taxable benefit will be distributed over the semester in which it is awarded. In general, Graduate Assistants will be exempt from FICA under the student FICA exemption while enrolled. If the Graduate Assistant or department terminates the appointment, the tuition waiver and pay will be pro-rated based on the date of termination. In this case, the student may have a financial obligation to the University.

I have received a copy of the Graduate Assistant Appointment Procedure and a copy of my job description.

_____ _____

Signature of Graduate Assistant Date

_____ _____

Signature of Direct Supervisor Date Signature of Dean, VP, or AD Date

_____ _____

Supervisor's Printed Name If New GA, Signature of VP for Finance & Admin. Date

SUBMIT THIS FORM TO THE OFFICE OF BUSINESS SERVICES
THIS FORM MUST BE RECEIVED PRIOR TO THE 5TH BUSINESS DAY OF THE TERM

For Business Office Use

Date Received: _____ Date Waiver Entered: _____

Number of Credits Waived: _____