

Regents Tuition Benefit Program Request

Employee Information

Note: This form must be received and processed by the first day of the term. Late submissions are not guaranteed to be covered under the Program.

If you are not admitted to a University of Minnesota degree program and plan to register for classes, all remaining charges not covered by the Regents Tuition Benefit Program must be paid by the billing due date or registration will be canceled.

For eligibility and approval requirements refer to the Regents Tuition Benefit Program

Name (first, middle, last)	Employee ID	Phone Number	E-mail Address
Manager Name		Manager E-mail	

Employee Eligibility Questions

Do you already hold a baccalaureate degree or equivalent degree earned in a country	
other than the United States?	
If you do not already hold a baccalaureate degree, have you been admitted to a	
University of Minnesota Baccalaureate program?	
Are you currently on the Layoff List?	

Note: If you are on the Layoff List, please know that you are limited to taking two classes per term.

Course Information

Select the te	rm and year the course(s) will be take	en	Т	erm:	Year:
Course	Course Title	Credits	Is this class being	If yes, provide	Campus which
Number			taken during	meeting times	the course is
(e.g. <i>,</i> Art			normal work	below	offered
1011)			hours?		

Employee Signature	Date
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Note: Please submit completed form to: ohr@umn.edu 1

Note: The remainder of this form is for routing and approval purposes. No further employee action needed.

OHR Contact Center Approval – For all requests

2.	Is this employee employed at 75% time or greater?													
3.	. I confirm this employee is not in one of the following Graduate Assistant or Professional in Training job codes.								es.					
	9510 9571 9549	9511 9572 9552	9515 9573 9552CR	9517 9574 9553	9518 9575 9553CR	9519 9516 9554	9521 9535 9555	9526 9538 9556	9527 9539 9556CR	9528 9540 9557	9529 9541 9558	9531 9545 9559	9532 9548	9533
4.	If you answ	wered ye	es to #2 a	and 3, co	ontinue 1	to the fo	ollowing	section.						
	If you answered no to #2 or 3, complete the Eligibility Decision below and return this form to the employee.													
	,			,		- 0 -	, = = = = .							
E				-										
5.	Is this emp		equesting	g to take	e a cours	e or rel	ated cor	nponent	ts (e.g., la	ıbs) dur	ing norn	nal work	king hou	rs?
5. 6.	Is this emp Is this emp	ployee o	equesting on an acac	g to take demic y	e a cours	e or rel	ated cor	nponent	ts (e.g., la	ıbs) dur	ing norn	nal work	king hou	rs?
	Is this emp Is this emp Program f	ployee o or a sum	equesting on an acac nmer class	g to take demic y ss?	e a cours ear appc	e or rel	ated cor it (9 or 1	nponent 0 month	ts (e.g., la 1 term) ai	ibs) dur nd usinរ្	ing norn g the Reg	nal work gents Tu	ting hou	rs? nefit
6.	Is this emp Is this emp	ployee o or a sum	equesting on an acac nmer class	g to take demic y ss?	e a cours ear appc	e or rel	ated cor it (9 or 1	nponent 0 month	ts (e.g., la 1 term) ai	ibs) dur nd usinរ្	ing norn g the Reg	nal work gents Tu	ting hou	rs? nefit
	Is this emp Is this emp Program f	ployee o or a sum uestions	equesting on an acac nmer class 5 or 6, se	g to take demic y ss? elect Eli	e a cours ear appc	e or rel	ated cor it (9 or 1	nponent 0 month	ts (e.g., la 1 term) ai	ibs) dur nd usinរ្	ing norn g the Reg	nal work gents Tu	ting hou	rs? nefit
6.	Is this emp Is this emp Program f If yes to q	ployee o or a sum uestions er and Co	equesting on an acac nmer class s 5 or 6, se c the emp	g to take demic ye ss? elect Eli ployee.	e a cours ear appo	e or rel bintmen Decision	ated cor at (9 or 1 , "Emplo	nponent 0 month byee is e	ts (e.g., la 1 term) ai ligible pe	ibs) dur nd using nding n	ing norn g the Reg nanager	nal work gents Tu approva	ition Be	rs? nefit e form
6.	Is this emp Is this emp Program f If yes to q to manage	ployee o or a sum uestions er and Co uestions	equesting on an acac omer class 5 or 6, se c the emp 5 and 6, s	g to take demic y ss? elect Eli ployee. select E	e a cours ear appo igibility D ligibility	e or rel pintmen Decision Decision	ated cor at (9 or 1 , "Emplo n, "Empl	nponent 0 month oyee is e oyee is e	is (e.g., la 1 term) ai ligible pe eligible. N	ibs) dur nd using nding n No mana	ing norn g the Reg nanager ager app	nal work gents Tu approva	ition Be	rs? nefit e form

Supervisor Approval – only needed if Employee is:

- Taking summer classes while on an academic year appointment
- Taking a course or related component during employee's scheduled work hours
- 8. If on an academic year appointment (9 or 10 month term) and using the Regents Tuition Benefit Program for a summer class, will the employee be working in the Fall?
- 9. If this course or any related components take place during the employee's normal working hours, have you and the employee discussed their schedule and do you approve the employee taking work time to attend this class and its required components?

Select final decision

Approved – select if you answered n/a or yes to both #8 and 9

Not Approved – select if you answered no to #8 or 9

- If approved, sign and submit this form to the One Stop office where the course is offered (see bottom of form) and Cc the employee
- If not approved, refrain from signing the document and return form to the employee. Indicate below your rationale if not able to accommodate course participation during working hours.

Rationale						
Printed Name			Signature			
E-mail			Date			
Campus	E-mail	Can	npus	E-mail		
Twin Cities - One Stop Service Centers	onestop@umn.edu	Mo	rris - One Stop Student Services	ummregistrar@lists.umn.edu		
Crookston - Office of the Registrar	umcreg@umn.edu	Roc	ochester - One Stop Student Services stuserv@umn.edu			
Duluth - Office of the Registrar	umdreg@d.umn.edu	2	2			