

Request for Regents Scholarship

You must register for each course. Cancel/Add may be done within the credits authorized on this form. Refer to the Administrative Policy: Regents Scholarship Program at http://policy.umn.edu/groups/hr/documents/policy/regents scholarship_pol.cfm for eligibility and approval requirements.

- If you are registering for a course at the U of M – Morris, U of M – Duluth, U of M – Crookston, or U of M – Rochester, you must submit this form to the appropriate office on that campus.
- If you plan to register for classes as a non-degree seeking student, this completed form must be received and processed prior to the billing due date for the term. All remaining charges not covered by the Regents Scholarship Program must be paid by the billing due date or your registration will be canceled.
- **NOTE:** If the value of my tuition benefits for graduate level courses exceeds \$5,250 in a calendar year, the amount that exceeds the \$5,250 will be added to my income as a taxable fringe benefit and the appropriate taxes will be withheld from my regular pay.

EMPLOYEE (please select employee group) - Faculty or P&A Civil Service/Union-Represented Staff

| | | | |
|---|----------------|--|---|
| Name (Last, First, Middle) | | Empl ID (required for processing) | |
| Department Name | | College or Administrative Unit | |
| Campus Phone Number | Campus Address | E-mail Address | |
| Classification Title | Job Code | Appointment Percentage or Hours per week | <input type="checkbox"/> Degree Seeking College of Enrollment _____ <input type="checkbox"/> Non-Degree Seeking |
| Term: <input type="checkbox"/> Fall semester <input type="checkbox"/> Spring semester <input type="checkbox"/> May/Summer term Year _____ | | | |

REGISTRATION CREDITS/COURSES

| Course subject number (Arts 1101) | Title | Credits | Meeting Time(s) |
|-----------------------------------|-------|---------|-----------------|
| | | | |

CERTIFICATION (Applicant)

- YES NO I am a first-time undergraduate degree-seeking student admitted to an undergraduate degree program.
- I certify that I am eligible for this program as outlined in the administrative policy: *Regents Scholarship Program*.
- I understand I am subject to University of Minnesota tuition, refund, and billing policies.
- I understand if I falsify information on this form, I may lose Regents Scholarship privileges and be subject to further disciplinary action.

| | |
|--------------------|-------|
| Employee Signature | Date |
| _____ | _____ |

APPROVAL: I verify that this employee is eligible for this program. I approve the employee's registration through the program.

| | | |
|---|--------------|------|
| Responsible Administrator/Supervisor Signature* | Phone Number | Date |
| Department Head or Designee's Signature* | Date | |

*** Signatures are required for all employee groups ~ signature stamps are not accepted.**