

Request for Regents Scholarship

You must register for each course. Canceling/Adding a course may be done within the credits authorized on this form. Refer to administrative policy: *Regents Scholarship Program* for eligibility and approval requirements.

- Submit this form to the appropriate office on the campus where the course is located.
- If you plan to register for classes as a non-degree seeking student, this completed form must be received and processed prior to the first 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 registration will be canceled.
- **Note:** If the value of your tuition benefits for graduate level courses exceeds \$5,250 in a calendar year, the amount that exceeds the \$5,250 will be added to your income as a taxable fringe benefit and the appropriate taxes will be withheld from your regular pay.

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

Name (First, Middle, Last)	Empl ID		
Department Name	College or Administrative Unit		
Campus Phone Number	E-mail Address		
Job Classification Title	Job Code	College of Enrollment (if applicable)	<input type="checkbox"/> Degree Seeking <input type="checkbox"/> Non-Degree Seeking

REGISTRATION CREDITS/COURSES AND CAMPUS

Course subject number (Arts 1101)	Title	Credits	Meeting Times(s)	Campus <input type="checkbox"/> UMTC <input type="checkbox"/> UMC <input type="checkbox"/> UMD <input type="checkbox"/> UMM <input type="checkbox"/> UMR
Term: <input type="checkbox"/> Fall semester <input type="checkbox"/> Spring semester <input type="checkbox"/> May/Summer term			Year:	

CERTIFICATION (Applicant)

- I am a first-time undergraduate degree-seeking student admitted to an undergraduate degree program.
 YES NO
- 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 _____
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APPROVAL (Department): I verify that this employee is eligible for this program. I approve the employee's registration through the program and understand that University funds cannot be used to cover the employee's portion of tuition.

TWO signatures are required for all employee groups. Signature stamps are not accepted. If the Department Head/Designee is the same person as Responsible Administrator/Supervisor below, then please sign twice.

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