# STAFF REGISTRATION PERMIT

University of Idaho

Under the Employee Educational Assistance Program, ( UI Faculty-Staff Handbook Sections 3740 and 3760) salaried UI employees on regular appointment who work at least half-time (including those on official leave), may enroll in the University for reduced fees ($20 registration fee plus $5 a credit). Special Lab and Course Fees must be paid by employee. Reduced fees are not eligible for refunds.

Fall/Spring = 6 credits  Summer = 3 credits  Winter Intersession = 3 credits

Date _____

(Printed Name) _____, a staff member on Regents appointment, has permission to register for the equivalent of _____ credits this semester. Courses audited count as if taken for credit and must be included in the above total. Courses taken for 0 credit count as if taken for credit and must be included in the above total. **Courses taken in excess of six credits for fall and spring and three credits for summer and winter intersession must be approved by the Provost**. Additionally, full fees and applicable tuition at a per credit rate are charged for credits that exceed these limits.

| Course Title | CRN / Subject -Course-Sect | Credits |
|---|---|---|
| | | |
| | | |
| | | |

EMPLOYMENT INFORMATION

Title or Position _____  ID Number **V**_____

The Educational Fee and Tuition Reduction Program is a qualified tuition reduction plan under Section 117 of the Internal Revenue Code for undergraduate courses. For graduate courses, the program qualifies as an Educational Assistance Program under Section 127. Under this program, fees waived are exempt from federal, state and social security taxes up to an annual maximum of $5,250.00.

TERMINATION OF EMPLOYMENT**.** If an employee's appointment is terminated during an academic period for which the employee is registered for academic work under this policy, the academic work must be terminated unless the applicable fees are paid

SIGNATURE : Employee _____ DATE:_____

SIGNATURE: Supervisor _____DATE:_____

SIGNATURE: Dean or Department Head _____DATE:_____

**This form must be returned to: Student Accounts/Cashiers, 875 Perimeter Dr MS 4250, Moscow, Idaho 83844-4250 (SUB Room 125). Fax: 208-885-9209 Email address for scanned documents: acctrec@uidaho.edu**

**STUDENT PORTION OF FEES NOT PAID BY DEADLINES WILL BE SUBJECT TO LATE FEES.**

**For Student Accounts Use:**

Total credits at time waiver posted: _____

| | Date | Initials |
|---|---|---|
| Employment Verified | _____ | _____ |
| Waiver Posted | _____ | _____ |
| Entered In Log | _____ | _____ |

Comments:_____
_____
_____
_____

Rev. 4-13

Printed Name (Last, First)

ID Number

Term/Year