

STAFF SPOUSE REGISTRATION PERMIT



Under the Educational Fee and Tuition Reduction Program, enrollment in the University for reduced fees (\$20 registration fee plus \$5 a credit) is extended to the spouses of board-appointed UI employees on regular appointment who work at least half-time (including those on official leave). The Educational Fee and Tuition Reduction Program is a qualified tuition reduction plan under Section 117 of the Internal Revenue Code. Under this program, fees waived for enrollment in undergraduate courses are exempt from federal, state and social security taxes; **fees waived for graduate level courses (above 500) are subject to tax; tax is payable by the employee.** Provisions of federal or state law may, however, change at any time. Reduced fees are not eligible for refunds.

Number of CREDITS enrolled for _____

Number of COURSES enrolled for _____

Student (Spouse) Name _____ Student Signature _____

Student (Spouse) ID Number _____

Date _____ Employee Name _____ Employee ID Number **V** _____

Department Employed by _____ Title/Position _____

Employed continuously by UI since _____
Month/Year Employee Signature _____

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

Spouses who are graduate assistants or instructional assistants (TAs or RAs) may not use a staff spouse waiver.

This form must be returned to: Student Accounts/Cashiers, 875 Perimeter Drive 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:	_____	_____	Comments: _____
	Date	Initials	_____
Employment Verified	_____	_____	_____
Waiver Posted	_____	_____	_____
Entered In Log	_____	_____	
P#PT or P#FT posted to employee acct	_____	_____	

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Printed Name (Last, First)

ID Number

Term/Year