



MISSISSIPPI VALLEY STATE UNIVERSITY

Dependent Tuition Waivers – The Dependent Tuition Waiver policy for the state institutions applies to all single, dependent children of full-time faculty and staff of the universities and full-time employees of the Board of Trustees.

In order to receive an undergraduate tuition waiver for 50 percent of the total tuition, the dependent must gain admission to the university where the parent is employed and make a formal written request to the Office of Financial Aid of the respective institution.

Single, dependent children of continuing employees hired prior to July 1, 1977 are eligible for full waiver of undergraduate tuition at the appropriate institutions because of the grandfather clause included in April 28, 1977 minutes of the Board.

\* Parent or Legal Guardian - You will be required to provide documentation for cases of legal separation or legal guardianship.

Continued Eligibility – A single, dependent child may receive an undergraduate tuition remission (consistent with the continued employment of the parent or legal guardian) which may be continued until the degree requirements for one baccalaureate degree is met or until the child’s attainment of his/her 25th birthday, whichever comes first. The scholarship is automatically renewable on a semester to semester basis provided a 2.5 cumulative grade point average is maintained. In the event the student fails to maintain the required 2.5 grade point average, he or she will be ineligible for the tuition remission until he or she can demonstrate a 2.5 overall grade point average.

FACULTY/STAFF MEMBER

Faculty/Staff Name \_\_\_\_\_ ID number \_\_\_\_\_

Department Employed \_\_\_\_\_ Position \_\_\_\_\_

Campus telephone number \_\_\_\_\_

Are you the \*Parent or Guardian? \_\_\_\_\_

Student’ Name \_\_\_\_\_ ID number \_\_\_\_\_

Student’s Classification: \_\_\_\_\_ Major: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Enrollment: Hours Enrolled for period requested \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Faculty/Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Term/Year Requested: \_\_\_\_\_ (Semester/Year)

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

SHATERM GPA: \_\_\_\_\_

Approved: \_\_\_\_ Denied: \_\_\_\_

Financial Aid Director or Designee

Date