

Employee Information: Name: _____
 Home address: _____
 City _____ State _____ Zip _____
 On Campus: P.O. Box _____ Phone Extension _____
 Start Date: _____ Full-time ___ Part-time (% _____) ___
 Date of: Retirement _____ Disability _____ Death _____

(if student is not the employee)

Student Information: Name: _____
 Address: _____
 City _____ State _____ Zip _____
 Date of Birth _____ Date of Marriage _____
 (if spouse of employee)

Relationship to employee (please check one)

Spouse ___ Natural Born Child ___ Legally Adopted Child ___ Niece/Nephew ___

I/We, the undersigned, have been provided with a copy of the Undergraduate/Graduate Tuition Remission Benefit Policy for Saint Mary's University of Minnesota. I/We hereby acknowledge reading and understanding the Undergraduate/Graduate Tuition Remission Benefit Policy. I/We agree to abide by the terms, conditions, and limitations on tuition remission benefits as set out in that policy. I/We also agree to abide by subsequent amendments and revisions to the policy.

I/We specifically understand that a student receiving tuition remission benefits and/or the student's parents must apply for governmental financial aid consistent with the directives of the Financial Aid Office. I/We understand that failure to apply for governmental financial aid may result in ineligibility for tuition remission benefits.

This agreement shall be binding on the parties for so long as the student receives tuition remission benefits from Saint Mary's University of Minnesota unless modified by a subsequent agreement.

Student _____ Date _____
 (Signature, if student is not the employee) (Please print name)

Employee _____ Date _____
 (Signature) (Please print name)

Business Office _____
 (Signature verifies that employee is eligible for benefit)

Financial Aid Office _____
 (Signature verifies that student is eligible as dependent as that term is defined by the U.S. Department of Education for financial aid purposes.)

PLEASE RETURN COMPLETED FORM TO THE BUSINESS OFFICE