

Student I.D. # _____

Employee Name: _____ SS #: _____

Home Address: _____ Phone: _____

Department: _____ Business Phone: _____

Term: Fall Spring Summer Year _____

Course Information: Non-MN residents are responsible to apply for reciprocity.

Subject	No.	Course Title	Cr.	Sect.	Time	Days	Inst.	Audit
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No

Total Credits _____

Please complete if this is your first MSUM class:

High School _____ Year Graduated _____

Most Recent College _____ Degree & Year _____

If College Grad: List College, Degree, Year _____

Staff Development Program:

A. **Job Assignment**—When the employee is assigned by the University to participate in a specific work assignment (course), or as specifically requested by the supervisor. The employee must participate in order to carry out the basic responsibilities of the job. The University will pay full cost of tuition and fees, and release time will be granted. Books and lab fees are the employee's responsibilities.

Justification for this category must be attached.

B. **Employee Initiated**—At the discretion of the President or his designated representative, and with the supervisor's approval, employees may be allowed to participate in non-assigned programs to meet specific training and development needs. Participation must be beneficial to both the University and the employee. Employees are restricted to either release time or reimbursement for 75% tuition and 100% of regular fees, **but not both**.

Check one of the following categories:

- a. Job assignment—full tuition and fees paid and release time paid.
- b. Employee Initiated—paid release time granted; employee pays tuition and fees.
- c. Employee Initiated—75% tuition and 100% fees paid by employer; no paid release time.

Data Privacy:

You may choose to withhold the following student record information from public use, while enrolled, by initialing one or both of the following categories. However, such information will be withheld in all circumstances, and students are cautioned to consider possible inconveniences.

_____ **Category I**—Name, home address, phone

_____ **Category II**—Dates attended, major(s), minor(s), degrees, and high school

Signatures:

Signature of Employee: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Verification of Eligibility:

Signature of Director of Human Resources: _____ Date: _____

Signature of Registrar's Office: _____ Date: _____

For purposes of Staff Development, the fiscal year shall begin with First Summer Session and end with Spring Quarter.