University of Minnesota Duluth

Application for Regents Scholarship
Submit to 255 Darland Administration Building
1049 University Drive, Duluth, MN 55812

Revised 08/03/09

You must register for each course. Cancel/Add may be done within the credits authorized on this form. Refer to the Administrative Policy: Regents Scholarship Program at http://policy.umn.edu/groups/hr/documents/policy/regentsscholarship_pol.cfm for eligibility and approval requirements.

- UMD employees registering for a course at the U of M – Morris, U of M – Crookston, or U of M – Rochester, you must submit this form to the appropriate office on that campus. See http://www.d.umn.edu/umdhr/Forms/regents.htm
- If you plan to register for classes as a non-degree seeking student, this completed form must be received and processed prior to the billing due date for the term. All remaining charges not covered by the Regents Scholarship Program must be paid by the billing due date or your registration will be canceled.
- **NOTE:** If the value of my tuition benefits for graduate level courses exceeds $5,250 in a calendar year, the amount that exceeds the $5,250 will be added to your income as a taxable fringe benefit and the appropriate taxes will be withheld from my regular pay.

EMPLOYEE (please select employee group) - ☐ Faculty or P&A ☐ Civil Service/Union-Represented Staff

Name (Last, First, Middle)	Empl ID (required for processing)		
Department Name	College or Administrative Unit		
Campus Phone Number	Campus Address		E-mail Address
Classification Title	Job Code	Appointment Percentage or Hours per week	☐ Degree Seeking College of Enrollment _____ ☐ Non-Degree Seeking
Term: ☐Fall semester ☐Spring semester ☐May/Summer term Year _____			

REGISTRATION CREDITS/COURSES

Course subject number (Arts 1101)	Title	Credits	Meeting Time(s)

CERTIFICATION (Applicant)

- ☐ YES ☐ NO I am a first-time undergraduate degree-seeking student admitted to an undergraduate degree program.
- I certify that I am eligible for this program as outlined in the administrative policy: *Regents Scholarship Program*.
- I understand I am subject to University of Minnesota tuition, refund, and billing policies.
- I understand if I falsify information on this form, I may lose Regents Scholarship privileges and be subject to further disciplinary action.

Employee Signature	Date
_____	_____

APPROVAL: I verify that this employee is eligible for this program. I approve the employee's registration through the program.

Responsible Administrator/Supervisor Signature*	Phone Number	Date
Department Head or Designee's Signature*	Date	

*** Signatures are required for all employee groups ~ signature stamps are not accepted.**

UMD HR Signature: **Date:**

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