

University of Minnesota Duluth
Department of Human Resources

Application for Regents Scholarship
Revised 03/07

This form for use by University of Minnesota employees taking UMD courses only. **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 for eligibility and approval at <http://www.umn.edu/ohr/policies/benefits/regents/index.html>.* If you are registering for a course at the U of M – Morris, U of M – Crookston, or U of M – Rochester, see more info at <http://www.d.umn.edu/umdhr/Forms/regents.htm>.

EMPLOYEE (please select Employee Group)		
<input type="checkbox"/> Faculty or P&A from U of M – Twin Cities, U of M – Morris, U of M – Crookston, or U of M – Rochester: submit to UMD Financial Aid & Registrar, 21 SCC, 1049 University Drive, Duluth MN 55812		
<input type="checkbox"/> UMD Faculty or P&A: submit to UMD Human Resources, 255 DADB, 1049 University Drive, Duluth MN 55812		
<input type="checkbox"/> Civil Service/Union-Represented Staff from all campuses: submit to UMD Human Resources, 255 DADB, 1049 University Drive, Duluth MN 55812		
Name (Last, First, Middle)		Employee/Student ID Number (required for processing)
Department Name	Campus Address	Campus Phone Number
Job Classification Title	Job Code	E-mail Address
Appointment Percentage or Hours per Week	<input type="checkbox"/> Degree Seeking College of Enrollment _____ <input type="checkbox"/> Non-Degree Seeking	
Year: _____ Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Session <input type="checkbox"/> Special Term (Dates): _____		

CREDITS/COURSES				
Number of Credits (see policy for limit, Sec V. Subd 1.):		Kind of Credits: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate/Postbaccalaureate Professional		
List Class Number (s) - (call no.)	Department	Course Number (s)	Title(s)	Credits
Class Meeting Times: (days/hours):				

APPLICANT: I certify that I am eligible for this program as outlined in the administrative policy: Regents Scholarship Program. I understand that if I am registering for courses as a non-degree seeking student, I must complete and submit this Request for Regents Scholarship must be submitted as required prior to the first billing due date of the term. All charges not covered under the Regents Scholarship Program must be paid by the first billing due date of the term. NOTE: I understand that 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 my income as a taxable fringe benefit and the appropriate taxes will be withheld from my regular pay. Approval is for course credit only and is not authorization for time away from work. Approval to take a Regents Scholarship class during work hours lies with the supervisor or department rules. The supervisor may grant approval but require that the time be made up.

Employee's Signature	Date
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APPROVAL: I verify that this employee is eligible for this program. I approve the employee's registration through the program. **(Refer to the administrative policy: Regents Scholarship Program at <http://www.umn.edu/ohr/policies/benefits/regents/> for eligibility and approval requirements.)**

Responsible Administrator/Supervisor Signature (Signature stamps are not accepted)	Phone Number	Date
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Department Head or Designee's Signature (Signature stamps are not accepted)	Phone Number	Date
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DO NOT WRITE BELOW UMD DEPARTMENT OF HUMAN RESOURCES USE ONLY	
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> NOT APPROVED/REASON:	
_____	_____
UMD HR Authorized Signature	Date