

**NICHOLLS STATE UNIVERSITY
UNIVERSITY OF LOUISIANA SYSTEM
FACULTY, STAFF AND DEPENDENTS FEE EXEMPTION POLICY**

The exemption policy became effective at our University for the Fall 1982 semester. The revised policy became effective March 4, 2013.

The revised policy can be found in the Nicholls State University Policy and Procedure Manual which can be found at http://www.nicholls.edu/documents/nicholls/NSU_Policy_Procedures_M.pdf -Tuition Waiver or at the University of Louisiana System website at www.ulsystem.net

QUALIFYING FACULTY, STAFF AND DEPENDENTS SHALL BE EXEMPTED AS INDICATED BELOW.
FACULTY / STAFF / DEPENDENT FEE EXEMPTION AMOUNTS – SUBJECT TO CHANGE

SUMMER 2014

This form must be received by 5/27/14 to ensure processing before fee deadline.

HOURS SCHEDULED	UNDERGRAD FAC/STAFF	UNDERGRAD DEPENDENT	GRADUATE FAC/STAFF
1	\$665.10	\$621.85	\$789.75
2	\$688.35	\$621.85	\$813.00
3	\$711.60	\$621.85	\$836.25
4	\$938.25	\$783.30	\$1,104.45
5	\$1,122.95	\$944.75	\$1,330.70
6	\$1,307.65	\$1,106.20	\$1,556.95
7	\$1,307.65	\$1,267.65	\$1,556.95
8	\$1,307.65	\$1,429.10	\$1,556.95
9	\$1,307.65	\$1,590.55	\$1,556.95
10	\$1,307.65	\$1,752.00	\$1,556.95
11	\$1,307.65	\$1,913.45	\$1,556.95
12 & OVER	\$1,307.65	\$2,074.90	\$1,556.95

COMPLETE ONE FORM FOR EACH ELIGIBLE PERSON FOR EACH SEMESTER

Office code: _____
(for Controller's Office use only)

EMPLOYEE NAME: _____ ID # _____ FACULTY STAFF (check one)

SEMESTER REGISTERING FOR: _____ PHONE #: _____

FULL-TIME EMPLOYMENT: YES NO

PERSON FOR WHOM EXEMPTION IS BEING CLAIMED (check one)

SELF UNDERGRADUATE GRADUATE

DEPENDENT SON/DAUGHTER SPOUSE UNDERGRADUATE

SPOUSE NAME _____ ID# _____
(if exemption is for spouse)

DEPENDENT NAME**** _____ ID# _____ DATE OF BIRTH _____

IS DEPENDENT CLAIMED ON YOUR CURRENT TAX RETURN? YES NO (check one)

*****The name that is listed as a dependent must meet the same requirements as a dependent reported on your current income tax return or reflect your current year tax status. Proof may be required.**

I CERTIFY THAT THE FOREGOING INFORMATION IS CORRECT.

X _____
Signature of Faculty or Staff Member