

# Reduced or Subsidized Tuition Class Request

Email: [Provost@MissouriState.edu](mailto:Provost@MissouriState.edu)  
Phone (417) 836-4589, Fax (417) 836-8432  
901 S National Ave, Carrington Hall 209  
Springfield, MO 65897

Form revised 8/3/2021

Before completing this form, review the [Office of the Provost website](#) for detailed information on the process. The department is responsible for setting up/building the class section in Banner and setting the section status to "Held" to prevent registrations. After the fees have been approved by the Office of the Provost, the Office of the Registrar will adjust the fees and set the section status to "Active".

Requesting Faculty/Staff: \_\_\_\_\_ Department: \_\_\_\_\_  
Last, First

Semester/year class section will be offered: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_  
Year Year Year

CRN	Course Subject	Course No.	Section No.	Course Title

Select either "Reduced Tuition" or "Subsidized Tuition": Note: all fields must be completed to avoid a delay in processing the request.

**Reduced Tuition:** All students registered for the class are to be assessed a tuition rate below the normal rate and students are responsible for paying this reduced rate.

**Normal tuition rate per the fee policy:** \$ \_\_\_\_\_ Missouri Resident per credit hour \$ \_\_\_\_\_ Non-Missouri Resident per credit hour

**Requested reduced tuition rate (select one):**

Per credit hour amount to be assessed: \$ \_\_\_\_\_ Missouri Resident \$ \_\_\_\_\_ Non-Missouri Resident

**OR**

Flat Fee to be assessed: \$ \_\_\_\_\_

Is this a class for which Student Services Fees would normally be assessed per the fee policy? Yes No

If yes, is this a request to waive Student Services Fees for this class? Yes No

**Subsidized Tuition:** All students registered for the class are to be assessed normal tuition rate, but some or all of the tuition and fees are to be paid from an account via arrangements with the Office of Student Financial Aid (via a Third-Party Billing agreement or a Scholarship agreement).

Fund or account used to pay tuition: \_\_\_\_\_

Amount of tuition to be paid per student: \$ \_\_\_\_\_

Fund or account used to pay Student Services Fees (if none, student will pay): \_\_\_\_\_

**Rationale for Request:** \_\_\_\_\_

## Approvals:

\_\_\_\_\_  
Department Head Signature Date

\_\_\_\_\_  
Dean Signature Date

\_\_\_\_\_  
Office of the Provost Signature Date

**Once approved, send a copy of form to:** 1) Office of the Registrar to adjust tuition/fees for section; 2) Financial Services (Lori Swindell); 3) Financial Aid (Linda Nichols). Office of the Registrar processed by: \_\_\_\_\_