

SCHOOL OF MEDICINE

Faculty Tuition Waiver

Form must be submitted no later than eight weeks before the start of the semester requested below.

EMPLOYEE SECTION

Employee Name (Last, First, Middle Initial)		Employee ID
Semester or/Session and Year <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____		Center for Distance and Independent Study Courses <input type="checkbox"/> Yes <input type="checkbox"/> No

COURSE SECTION

Campus	Course Number	Reference Number	Course Title (Enter exact title as listed in catalog)	Number of Course Hours

Personal Statement: Why do you believe that this class will further your knowledge or skills as a SOM faculty member? Additionally, how will the knowledge and experience gained in the course help further the mission of the SOM? *Please limit your response to 200 words.*

AGREEMENTS

I understand that the cost of one (1) graduate class of up to three (3) credit hours is covered by this tuition waiver. In addition, I understand that: // I must apply for admission and register for the course following UMKC policy. // I must meet student admissions requirements (e.g. submit the Visiting and Community Scholar Application through the Office of Admissions). // I must remain a UMKC School of Medicine faculty member throughout the end of the course in which I'm enrolled. // I agree to attend class sessions and complete all assignments consistent with the course requirements as outlined in the class syllabus. // I understand that I must refund the tuition that has been waived if I withdraw from the course.		
Faculty Signature	Campus Address	Date

DEPARTMENT SECTION

Home Department Director / Supervisor Name and Contact Information		
DBHI or HPE Program Coordinator Signature	Campus Address	Date