



MINNESOTA STATE

MAPE PROFESSIONAL DEVELOPMENT TUITION APPLICATION

Minnesota State Colleges and Universities

Note: The provisions for professional development tuition eligibility can be found in Appendix N, Section XV of the [MAPE collective bargaining agreement](#).

PLEASE PRINT

I. INFORMATION BELOW TO BE COMPLETED BY EMPLOYEE:

Employee's Name:	Employed at College/University:	
Employee ID#:	Work Phone:	
Student ID #:	College/University where credits will be used:	
Term credits are used:	Year credits are used:	
Title of Class	Credits	Type of Credits:
1.		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Doctorate
2.		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Doctorate
3.		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Doctorate
4.		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Doctorate

II. TAX IMPLICATIONS

- Graduate credits for an employee are subject to taxation at the time the annual calendar year limit of \$5,250 is exceeded.
- Taxation also applies to graduate courses dropped after the add/drop date.

Check here I have read and understand the tax implications for the use of professional development as stated above.

EMPLOYEE SIGNATURE

Signature of Employee: _____ *Date:* _____

- Normal Student Registration procedures must be followed.
- Completing this form does not constitute registration for the class/classes.
- Professional development credits are only available if there is sufficient class space.

SUPERVISOR SIGNATURE

I verify the employee:

- has satisfied the eligibility requirements of the MAPE bargaining agreement.
- has an approved professional development plan on file.

Signature of Supervisor: _____ *Date:* _____

INFORMATION TO BE COMPLETED BY THE HOME CHIEF HUMAN RESOURCES OFFICER/DESIGNEE:

<i>Signature of CHRO/Designee:</i>	Credits used this term:	Term:	Year:
	Print Title:		
Print Name:	Date:	Phone:	