

MEMORANDUM

TO: Employers of Certified Teachers

FROM: Jack Warner, Executive Director and CEO
South Dakota Board of Regents

Thomas Oster, Secretary
South Dakota Department of Education

SUBJECT: Teachers Tuition Reduction Program Application/Certification Form

SDCL §§ 13-55-23 and 13-55-24 through 13-55-28 provide to elementary and secondary teachers and vocational instructors who meet specifically identified criteria a 50 percent tuition reduction for some courses at Board of Regents universities. The benefit is available for “classes, courses and instructional programs directly supported by moneys appropriated from the general fund.” SDCL § 13-55-23. These include most classes offered by each of the six universities at the home campus. The enclosed application/certification form outlines requirements and provides for certification of eligibility criteria.

In order to qualify for the 50 percent reduction tuition provided by SDCL § 13-55-24, teachers and instructors are required to complete form 250-97, obtaining appropriate signatures, and to submit the form to the appropriate university **at the time of registration**. Please note that individuals taking courses during the Fall and Spring terms must be under a current teaching contract, and individuals taking courses during the summer term must be under a teaching contract for the succeeding school year to qualify for reduced tuition benefits.

Participation is **only on a space available basis for campus-based, state-funded courses**. Off-campus courses are self-funded courses, and thus are not eligible for the tuition reduction program. Since eligibility for this program is dependent upon several criteria which may change from year to year, application form 250-97 may be used until it is replaced.

Since submission of a completed application form 250-97 is required to certify eligibility under SDCL § 13-55-24, we ask that you reproduce this two page form and make it available to all teachers in your school district or school as needed. Questions regarding the use of this form or the implementation of SDCL §§ 13-55-23 and 13-55-24 through 13-55-28 can be directed to the Board of Regents (605.773.3455) or the Office of Accreditation and Teacher Quality in the Department of Education (605.773.3553).

STATE OF SOUTH DAKOTA

APPLICATION FOR REDUCED TUITION (SDCL §§ 13-55-23 and 13-55-24 through 13-55-28)

The applicant must present this application and certification of eligibility form when he or she registers for university courses.

PLEASE TYPE OR PRINT IN INK.

Legal Name: _____
Last First Middle

Home Address: _____
Street City State Zip

Home Telephone _____ Certificate Number _____

School District Name & Number or Accredited School _____

EMPLOYER CERTIFICATION OF ELIGIBILITY

To Be Completed By District Superintendent Or Designee Or Accredited School Principal

I certify that _____ is employed as an elementary / secondary / vocational (circle one) teacher by _____ (name and number of school district or name of accredited school) for the current school year (or subsequent school year for courses in the summer term) and is required by the state law / administrative rules / employment contract (circle one) to attend college as a condition of employment or to maintain a certificate to teach.

Signature of Superintendent or Employing Official Date Name of District or Accredited School

Name and Title (print or type) Telephone

**APPLICANT CERTIFICATION OF ELIGIBILITY
TO BE COMPLETED BY APPLICANT**

NOTE: Use of the tuition reduction only applies to the Regental institutions. Those institutions are as follows:

<i>Black Hills State University</i>	<i>South Dakota School of Mines & Technology</i>
<i>Dakota State University</i>	<i>South Dakota State University</i>
<i>Northern State University</i>	<i>University of South Dakota</i>

I CERTIFY THAT I MEET ALL OF THE FOLLOWING REQUIREMENTS:

1. I am a resident of the State of South Dakota.
2. I am a certified elementary (K-6) or secondary teacher or vocational instructor and am presently employed in South Dakota as a teacher or vocational instructor.
3. I am required by state law, administrative rules or an employment contract to take college courses as a condition of employment or to maintain a certificate to teach.
4. I am not entitled, at this time, to other reduced tuition benefits by law.
5. I have maintained an academic grade point average of 3.0 or better for coursework completed through this program, or I have not completed previous coursework under this program.
6. I am not requesting reduced tuition for more than six (6) semester credit hours under this program in the current academic year. The academic year shall begin with the Fall semester and include all of the following summer as defined in BOR Policy 5:5(H)(3).
7. I understand that my enrollment under this Tuition Reduction Program is dependent upon space available; that tuition benefits under this program only apply to state-support, not self-support, classes pursuant to SDCL § 13-55-23; and that reduced tuition under this program may be taxable as income under federal Internal Revenue Service regulations.

Circle the term for which you are applying for reduced tuition and enter the year:

Fall _____ Spring _____ Summer _____

List the courses you plan to take during the term:

University	Course Prefix, No. & Title	Eligible Credit Hours

I CERTIFY AND ATTEST THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT AND THAT STATEMENTS 1-7 (ABOVE) ARE ACCURATE. I UNDERSTAND THAT INTENTIONALLY PROVIDING FALSE INFORMATION ON THIS APPLICATION MAY CONSTITUTE FRAUD.

Signature of Applicant

Date of Application