

MEMORANDUM

TO: Employers of Certified Teachers

FROM: South Dakota Board of Regents

SUBJECT: Reduced Tuition Program for Teachers

South Dakota Codified Law (§ 13-55-23 through § 13-55-28) establishes a reduced tuition program for K-12 teachers and certified educators; those who meet identified criteria will benefit from a 50% reduction in tuition for courses – both undergraduate and graduate – completed at South Dakota public universities. For state-support courses (typically those courses taught face-to-face on a main campus), approved participants will be assessed 50% of tuition plus 100% of required fees. For off-campus courses (commonly those courses that involve distance learning or face-to-face instruction at a learning center or off-campus location), approved participants will receive a reduction that is equal to 50% of state resident rate.

To apply for this reduced tuition program, interested teachers and instructors are required to complete form 250-97 (see attached), secure designated signatures, and submit to the appropriate university at the **point of registration for the current term**. Please note that individuals who register for courses during the regular academic year (fall and spring) must be currently employed with a teaching contract; those who register for courses during the summer must have a signed teaching contract for the succeeding school year. Further, participation is limited; it is contingent upon available space. Conferred eligibility is term-specific; consequently, the attendant form must be completed and submitted for each term of participation.

Submission of the form (250-97) is required under SDCL § 13-55-24; information will be used by the university to determine eligibility. We ask that you reproduce this two-page form and make it readily available to all teachers employed in your school district. If questions arise, please direct them to the South Dakota Board of Regents (605-773-3455). Thank you for your continued support of education in our state!

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: _____

Student ID (*returning/continuing students*): _____

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 teacher, ☐ secondary teacher, or ☐ certified educator (select one)

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

Name of District or Accredited School

Name and Title (print or type)

Date

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:

*Black Hills State University
Dakota State University
Northern State University*

*South Dakota School of Mines & Technology
South Dakota State University
University of South Dakota*

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 (7-12) or certified educator and am presently employed in South Dakota as a teacher or certified educator.
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; and that reduced tuition under this program may be taxable as income under federal Internal Revenue Service regulations.

The term for which I intend to apply for reduced tuition is (check one and enter year):

☐ Fall _____ ☐ Spring _____ ☐ Summer _____

The courses which I intend to take during the term are:

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

Name (print or type)