

**MEMORANDUM**

**TO:** Employers of Certified Teachers

**FROM:** South Dakota Board of Regents

**SUBJECT:** Reduced Tuition Program for Teachers and Counselors

South Dakota Codified Law (§ 13-55-23 through § 13-55-28) establishes a reduced tuition program for K-12 teachers, counselors, Head Start 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 courses taught face-to-face on 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), approved participants will receive a reduction that is equal to 50% of the state resident rate.

To apply for this reduced tuition program, interested teachers, counselors, 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 contract in place; those who register for courses during the summer must have a signed 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; the university will use the information 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

**Phone Number:** \_\_\_\_\_ **Certificate Number:** \_\_\_\_\_

**Student ID (returning and continuing students):** \_\_\_\_\_

## EMPLOYER CERTIFICATION OF ELIGIBILITY

**To be completed by District Superintendent or designee or Accredited School Principal**

I certify that \_\_\_\_\_ is employed as an (select one)

K-12 Teacher (TC)  School Counselor/Psychologist (TCSC)  Certified Educator (TC)  Head Start Teacher (TCHST)

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 or provide counseling services.

\_\_\_\_\_  
Signature of Superintendent or Employing Official

\_\_\_\_\_  
Name of District or Accredited School

\_\_\_\_\_  
Name and Title (print or type)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

# APPLICANT CERTIFICATION OF ELIGIBILITY

## TO BE COMPLETED BY APPLICANT

Use of the tuition reduction only applies to the Regental institutions:

Black Hills State University	South Dakota School of Mines & Technology
Dakota State University	South Dakota State University
Northern 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 K-12 Teacher (TC), School Counselor/Psychologist (TCSC), Certified Educator (TC) or Head Start Teacher (TCHST) and am presently employed in South Dakota as a teacher, school counselor, 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 or provide counseling services.
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)