



TUITION REMISSION FORM

ORIGINAL FORM MUST BE RETURNED TO HR BEFORE EACH SEMESTER BEGINS

EMPLOYEE INFORMATION (ALL FIELDS ARE REQUIRED)

Employee Identification Number (EIN): _____ Date of Application: _____

Last Name: _____ First Name: _____

Home Address: _____

Position Title: _____ Department: _____ Date of Hire: _____

Union Affiliation (please check one): AFSCME FOP OPEIU Non-Aligned PSA SOA/LOA UCAN

DEPENDENT INFORMATION (IF APPLICABLE)

Last Name: _____ First Name: _____

Student Identification Number (SIN): _____ Date of Birth: _____ Relationship: _____

A dependent child shall be defined as a child who is dependent upon the employee for support as defined by the IRS, and claimed as a dependent on the employee's federal income tax return. The dependent child must be less than 23 years old at the time of enrollment; enroll as a full-time matriculating undergraduate student at NJIT and register for 12-19 credits per semester. Tuition will not be granted beyond 10 terms for a 4 year program or beyond 12 terms for a 5 year program.

COURSE INFORMATION

Spring Semester _____ Summer Session _____ Fall Semester _____ Winter Session _____

College or University: _____ Major: _____

Associate's Degree Bachelor's Degree Master's Degree Doctorate Degree

Required Credits: _____ Credits Completed to Date: _____ Expected Date of Degree: _____

Course #	Course Title	# of Credits	Rate Per Credit	Tuition Cost

Total Tuition Requested... \$ _____

The Plan will not duplicate other educational assistance, such as scholarships, financial aid, grants, or veterans benefits, etc. After scholarships, financial aid, etc. are applied, if applicable, the remaining balance shall be eligible for tuition waiver. I understand that I, or my dependent child, must furnish proof to the Human Resources Office of having completed the course. If I, or my dependent child, do not complete the course, receive a grade below a "C", or in a Pass/Fail course the course is failed, or if I, or my dependent, fail to convert a grade of "I" (Incomplete) to a grade of "C" or better within one semester, the cost of tuition, and fees, must be repaid to the university at the per credit rate; and any advance payment must be repaid. If the above requirements are not met, I authorize the University to deduct the entire amount from my salary.

Anyone who makes a False statement for the purpose of obtaining tuition benefits is guilty of fraud

Signature of Employee: _____ Date: _____

Department Head: _____ Date: _____

Dean/Vice-President: _____ Date: _____

Human Resources: _____ Date: _____