

APPENDIX F

CERTIFICATE OF ELIGIBILITY FOR STATEWIDE REMISSION FOR  
HIGHER EDUCATION EMPLOYEES

Before completing this form, please read carefully the Board of Higher Education System-wide Tuition Remission Policy for Higher Education Employees to determine if you, your spouse or your dependent child is eligible for tuition remission benefits. After completing the form, you must have it signed by both your Department Head and the College or University's Director of Human Resources. You must then submit the form with your tuition bill to the College or University at which you, your spouse or your dependent child is enrolled.

\_\_\_\_\_  
EMPLOYEE'S NAME

\_\_\_\_\_  
EMPLOYEE'S COLLEGE or UNIVERSITY

\_\_\_\_\_  
TITLE AND DEPARTMENT

\_\_\_\_\_  
UNION AFFILIATION

\_\_\_\_\_  
NAME OF INDIVIDUAL USING  
TUITION REMISSION

\_\_\_\_\_  
RELATIONSHIP TO EMPLOYEE  
\_\_\_\_\_  
SELF  
\_\_\_\_\_  
SPOUSE  
\_\_\_\_\_  
DEPENDENT CHILD  
\_\_\_\_\_  
NON-DEPENDENT CHILD\*  
\*State University only

NAME OF COLLEGE/UNIVERSITY ATTENDING \_\_\_\_\_  
SEMESTER: FALL \_\_\_\_ SPRING \_\_\_\_ SUMMER I \_\_\_\_ INTERSESSION \_\_\_\_  
SUMMER II \_\_\_\_

ENROLLMENT STATUS: FULL TIME \_\_\_\_ PART TIME \_\_\_\_  
EMPLOYMENT STATUS: FULL TIME \_\_\_\_ PART TIME \_\_\_\_

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
DATE

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The individual named above is an employee of this University and meets the eligibility requirements for system-wide tuition remission.

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE'S  
DEPARTMENT HEAD

\_\_\_\_\_  
SIGNATURE OF DIRECTOR OF  
HUMAN RESOURCES

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

This certificate is valid for 120 days after the date of signature by the Director of Human Resources. A new certificate must be completed for each semester of study. This certificate is not transferable.