

TUITION REMISSION APPLICATION FOR AAUP-BHSNJ FACULTY¹

Section A – Employee Information

Name:	Employee ID Number:
Email Address:	Daytime Phone Number:

Section B – Eligibility

The following conditions govern eligibility for tuition remission for faculty represented by the collective negotiations agreement between Rutgers and the AAUP-BHSNJ:

1. The faculty member is required to either obtain a more advanced degree or undergo professional development/continuing education in order to retain or advance in his/her RBHS position;
2. The course(s) for which the faculty member seeks tuition remission satisfies the more advanced degree or professional development/continuing education the faculty member is required to obtain/undergo in order to retain or advance in his/her RBHS position;
3. The chair and dean have certified the eligibility requirements.

Section C – Employee Certification

I, _____, am requesting tuition remission for the _____ Fall _____ Spring _____ Summer term 20_____.

Name of course(s) for which I am requesting tuition remission:

Course Name	Course Number	Credits
Course Name	Course Number	Credits
Course Name	Course Number	Credits

I have read and understand the tuition remission eligibility requirements for faculty represented by the collective negotiations agreement between Rutgers and the AAUP-BHSNJ. I certify that the above information is accurate. Should my status change, I agree to immediately notify Student Accounting Services. I understand and agree that I will be personally responsible for reimbursing the University for the amount of tuition which was remitted in reliance on these representations if ineligible for such under University rules. I also understand I am responsible to pay all fees associated with the course aside from tuition.

Employee Signature _____
Date

Section D – Department Chair Authorization

I verify that the above named employee meets the eligibility requirements to receive tuition remission. I certify that the course(s) the faculty member proposes to take satisfies the more advanced degree or professional development/continuing education the faculty member is required to obtain/undergo.

Department Chair – Print Name _____
Date

Department Head/Dean – Signature

Section E – Dean Authorization

I verify that the above named employee meets the eligibility requirements to receive tuition remission. I certify that the course(s) the faculty member proposes to take satisfies the more advanced degree or professional development/continuing education the faculty member is required to obtain/undergo.

Dean – Print Name _____
Date

Department Head/Dean – Signature

¹ Fully online degree programs are not eligible for any tuition remission benefits.