



USM REQUEST FOR TUITION REMISSION

Upon obtaining departmental authorization, this application must be presented for approval to the Human Resources/Personnel Office of the employee's home institution. A new application must be completed for each semester/session. If the employee is registering at multiple institutions, a separate application must be completed for each institution.

1. Academic Year: 20 _____ Semester for which tuition remission is requested (enrollment term) <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer _____ (include summer session # if institution has more than one Summer Session) <input type="checkbox"/> Other _____	
2. Employee Name: (Last Name, First Name)	10. Student Name: (Last Name, First Name - if employee is student, leave blank)
3. Employee SSN:	11. Student SSN:
4. Employee Original Date of Hire or Reinstatement Month/Day/Year ____/____/____	12. Student is Employee's <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
5. Complete if employee is retired or deceased: <input type="checkbox"/> Retired Month/Day/Year _____ <input type="checkbox"/> Deceased ____/____/____	13. Student's Date of Birth: (Required for a dependent child - if employee or spouse of employee, leave blank) Month/Day/Year ____/____/____
6. Active Employee is Employed: <input type="checkbox"/> Full time <input type="checkbox"/> Part time Enter % employed if less than full time _____% Retired or deceased employee was employed: <input type="checkbox"/> Full time <input type="checkbox"/> Part time Enter % employed if less than full time _____%	14. Student Enrollment Status: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate
7. Employee Status: <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Contingent II <input type="checkbox"/> Grad. Asst. <input type="checkbox"/> Exempt <input type="checkbox"/> Retiree <input type="checkbox"/> Grad. Research Asst. <input type="checkbox"/> Faculty <input type="checkbox"/> Fellow <input type="checkbox"/> Grad. Teaching Asst.	15. Academic Major: (student/spouse of employee must complete this section if employee began USM employment on or after 1/1/1990)
8. Employee Home Institution: <input type="checkbox"/> AES <input type="checkbox"/> BCCC <input type="checkbox"/> BSU <input type="checkbox"/> CES <input type="checkbox"/> CSU <input type="checkbox"/> FSU <input type="checkbox"/> MSU <input type="checkbox"/> SU <input type="checkbox"/> STM <input type="checkbox"/> TU <input type="checkbox"/> UB <input type="checkbox"/> UMB <input type="checkbox"/> UMBC <input type="checkbox"/> UMBI <input type="checkbox"/> UMCES <input type="checkbox"/> UMCP <input type="checkbox"/> UMES <input type="checkbox"/> UMUC <input type="checkbox"/> USMO	16. Campus where employee/student is taking classes: <input type="checkbox"/> BCCC <input type="checkbox"/> BSU <input type="checkbox"/> CSU <input type="checkbox"/> FSU <input type="checkbox"/> MSU <input type="checkbox"/> SU <input type="checkbox"/> STM <input type="checkbox"/> TU <input type="checkbox"/> UB <input type="checkbox"/> UMB <input type="checkbox"/> UMBC <input type="checkbox"/> UMCP <input type="checkbox"/> UMES <input type="checkbox"/> UMUC
9. Employee Campus Address: _____ Employee Campus Phone #: _____ Employee Campus Email Address: _____	17. Number of credit hours to be remitted: _____ List account number(s) from which employee is paid: _____ _____ _____ _____
18. Institution transfer of funds: Yes _____ No _____	

I hereby certify that:

- the information given above is accurate;
- if request for tuition remission is being made for spouse/dependent, that spouse/dependent is not a part-time (50% or more) or FT, regular employee of the USM nor appointed as a graduate teaching or graduate research assistant, nor graduate fellow or non-stipend scholar;
- if request is being made for dependent child, he/she is financially dependent as that term is defined by the US Internal Revenue Service;
- for spouse or dependent child(ren), the amount of tuition remission will be noted on my paycheck stub and will be taxed if student is taking graduate courses. If the employee's tuition cost exceeds the IRC limit, it will also be taxed.
- I have read and understand the tuition remission policy and guidelines.

Signature of Employee: _____ Date: _____

Signature of Department Head/Designee: _____ Date: _____

Signature of Human Resources Rep. at home institution: _____ Date: _____