

APPENDIX F
CERTIFICATE OF ELIGIBILITY FOR SYSTEMWIDE 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 are eligible for tuition remission benefits. After completing the form you must have it signed by both your Department Head and the College's Chief Personnel Officer. You must then submit the form with your tuition bill to the College or University at which you, your spouse or your dependent child are enrolled.

EMPLOYEE'S NAME

EMPLOYEE'S COLLEGE

TITLE AND DEPARTMENT

UNION AFFILIATION

NAME OF INDIVIDUAL USING
TUITION REMISSION

RELATIONSHIP TO EMPLOYEE
 _____ SELF
 _____ SPOUSE
 _____ DEPENDENT CHILD
 _____ NON-DEPENDENT CHILD*
 *State Colleges only

NAME OF COLLEGE/UNIVERSITY ATTENDING _____

SEMESTER: FALL _____ SPRING _____ SUMMER _____ INTERSESSION _____

ENROLLMENT STATUS: FULL TIME _____ PART TIME _____

EMPLOYMENT STATUS: FULL TIME _____ PART TIME _____

SIGNATURE OF EMPLOYEE

DATE

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

SIGNATURE OF EMPLOYEE'S
HEAD

SIGNATURE OF CHIEF DEPARTMENT
PERSONNEL OFFICER

DATE

DATE

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