## FITCHBURG STATE UNIVERSITY

## TUITION WAIVER/REMISSION CERTIFICATE OF ELIGIBILITY Higher Education Employees

Before completing this form, please read the Department of Higher Education Tuition Remission policy, to determine whether you are eligible for tuition Remission Benefits. Complete Parts I and II of this form, have it signed by your Supervisor and a Human Resources representative. Once approved by Human Resources and the Area Vice President, the Tuition form will be forwarded to Student Accounts. If you are not attending Fitchburg State University, the form will be returned to you. You must submit it with your tuition bill to the community college, state college or university when you enroll. Please note that there is a six (6) month waiting period for eligibility for Tuition Remission Benefits.

## Part I

Employee Name:	Social Sec	urity #: <u>XXX- XX-</u>	
Hire Date:	Banner ID: @		
Department:	Department Accounting Code (4 digits):		
Check one: [] Full-time employee	[] Part-time employee (	at least 50%) [] Retiree <sup>1</sup>	
Union: [] APA (Professional) [].	AFSCME (Classified) [	] MSCA (Faculty) [] Exclu	ıded
Signature of Employee		Date	
Signature of Department Supervisor of	or Vice President	Date	
Part II			
Student name:	Social Security	v #: <u>XXX – XX -</u> Ba	anner ID:@
Relationship to Employee:	] Self	[] Spouse	
[] Dependent child's birth date:	[ ] Non-	dependent child's birth date:	2
College/University attending:		Number of Credits:	
Semester: [] Fall 20 [] Winte	er 20 [] Spring 20	_ [ ] Summer 1/20	[ ] Summer 2/20
Program: [] Undergraduate	[] Graduate	[] Continuing Educa	ation
Class: [] Day	[] Evening	[] Day & Evening	[] Online
Part III			
The individual named in Part I is an e University and meets eligibility for	1 0		etts/Fitchburg State
Human Resources Representative:		Date:	
Note: This certificate is valid for 12 certificate must be completed for ea		e .	

1 Restrictions apply. See Director of Human Resources for more information.

2 State College Waiver Plan Only.