UNIVERSITY SYSTEM OF MARYLAND

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) Fall Winter Spring Summer ____

(include summer session # if institution has more than one Summer Session) Other _____

2. Employee Name: (Last Name, First Name)

3. Employee SSN:

4. Employee Original Date of Hire or Reinstatement

Month/Day/Year ____/____/____

5. Complete if employee is retired or deceased:

Retired Month/Day/Year

Deceased ____/____/____

6. Active Employee is Employed: **Full time** **Part time**

Enter % employed if less than full time _____%

Retired or deceased employee was employed:

Full time **Part time**

Enter % employed if less than full time _____%

7. Employee Status:

Non-Exempt Contingent II Grad. Asst.

Exempt Retiree Grad. Research Asst.

Faculty Fellow Grad. Teaching Asst.

8. Employee Home Institution:

AES BCCC BSU CES CSU FSU

MSU SU STM TU UB UMB

UMBC UMBI UMCES UMCP UMES

UMUC USMO

9. Employee Campus Address:

_____

Employee Campus Phone #: _____

Employee Campus Email Address:

_____

10. Student Name: (Last Name, First Name - if employee is student, leave blank)

11. Student SSN:

12. Student is Employee's

____ Spouse ____ Dependent

13. Student's Date of Birth: (Required for a dependent child - if employee or spouse of employee, leave blank)

Month/Day/Year ____/____/____

14. Student Enrollment Status:

Undergraduate | Freshman Sophomore Junior Senior

Graduate

15. Academic Major: (student/spouse of employee must complete this section if employee began USM employment on or after 1/1/1990)

16. Campus where employee/student is taking classes:

BCCC BSU CSU FSU MSU

SU STM TU UB UMB

UMBC UMCP UMES UMUC

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:

1. the information given above is accurate;
2. 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;
3. if request is being made for dependent child, he/she is financially dependent as that term is defined by the US Internal Revenue Service;
4. 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.
5. 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: _____