RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY
TUITION REMISSION APPLICATION
Full-Time Rutgers Employee

Employee's Name _____ (Please Print) _____
Last First

School # _____ Number of credits _____ Semester Attending: Fall _____ Spring _____ Summer _____

Social Security # _____ RUID# _____

Department Employed by _____ Phone Ext. _____

Full-time employees with an effective date on or before the first day of classes are eligible for remission.
For Tuition Remission eligibility requirements go to Human Resources website **www.uhr.rutgers.edu** under the More Benefits link.

I hereby claim Tuition Remission and attest this information is correct.

Employee's signature _____ Date _____

Return completed form with the Attendance Confirmation/Payment form and applicable payment.
Newark employees must receive approval from their appropriate Dean, Director and the Provost.

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