RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY
TUITION REMISSION APPLICATION
FOR FELLOWS OR STUDENTS RECEIVING DEPARTMENT SCHOLARSHIPS

Name _____
LAST (PLEASE PRINT) FIRST

Address _____ RU ID # _____

Student's Signature _____ Payroll # _____

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

This section must be completed and authorized by the department granting the remission

Appt. Title: Fellow _____ Other _____ Fall _____ Spring _____ Summer _____ Cr. hours for rem. _____

Acct# to be charged for tuition remission _____ College fee _____

Acct. # for: Computer fee _____ Health fee _____ Other _____

Department Employed By _____ Phone ext. _____

Authorized Department Representative _____ _____
PRINT SIGNATURE

Return completed form with the Attendance Confirmation/Payment form and applicable payment.

For additional information regarding remission, visit **www.studentabc.rutgers.edu**