



TUITION REMISSION APPLICATION FOR
GRADUATE ASSISTANTS AND TEACHING ASSISTANTS (RT-100)

This section must be completed and authorized by the unit or grant-holder responsible for the tuition.

Appt. Title: GA ____ TA ____

Effective Date _____ Fall _____ Spring _____ Summer _____

Check one: Standard 10 or 12-month appointment ____ Partial appointment ____

Cr. hours to remit _____ (please note that tuition/ fees will be charged to the salary account)

Authorized by _____ Phone number _____
(Print)

Authorized Signature _____ Date _____

This section must be completed and signed by the student.

Name (please print) _____ RUID# _____

Email _____ School # _____

Address _____

A full appointment TA or GA is eligible for the State Health Benefits Plan (SHBP). You must complete the SHBP enrollment paperwork with University Human Resources (UHR). When your name appears on the “Submitted SHBP Paperwork report”, you will be waived out of the Student Health Insurance Plan (SHIP) (519-2) and the SHIP premium will be removed from your account.

A Partial appointment TA and GA will be enrolled in the Partial TA/GA SHIP. Please call UHR-Benefits (848) 932-7330 to confirm you are on the roster. When your name appears on the “Partial TA/GA report”, you will be waived out of the SHIP (519-2) and the premium will be removed from your account.

If you are a full time student and you are declining the SHBP or the Partial TA/GA SHIP, you must complete the waiver form yourself at www.universityhealthplans.com by the deadline.

If you are a F or J Rutgers Sponsored Visa Student and you are declining the SHBP or the Partial TA/GA SHIP, you must complete the waiver form through Global Services at <https://global.rutgers.edu/> by the deadline.

By signing below, I hereby claim tuition remission and attest that this information is correct. I realize that if I do not complete the SHBP enrollment paperwork with UHR, I may be enrolled in the SHIP and I will be responsible for the premium.

Student’s signature _____

Date _____

Employee ID # _____
(This is NOT your SSN)

Please return completed form with the term bill and applicable payment.
For additional information regarding remission, visit www.studentabc.rutgers.edu