RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY
TUITION REMISSION APPLICATION FOR GRADUATE ASSISTANTS AND TEACHING ASSISTANTS (RT-100)
IMPORTANT! PLEASE READ CAREFULLY and COMPLETE THIS ENTIRE FORM!

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)

Employed by ___________________________ Phone ext. ________________

Authorized by ___________________________ ____________________________
(Print)

Signature ___________________________ Date ______________________

This section must be completed and signed by the student.

Name (please print) ___________________________ RUID# ________

Email ___________________________ School # __________

Address ______________________________________________________________________

U.S. citizens, permanent residents or Non-Rutgers University F or J Visa Sponsored (International) TA/GA Students
Fill out this section.

Full Appointment TA/GAs:
- Enroll in the State Health Benefits Plan (SHBP) with Rutgers University Human Resources (UHR).
- MUST WAIVE THE STUDENT HEALTH INSURANCE at www.universityhealthplans.com. Once you access the waiver form, select from the drop down the SHBP you chose with UHR.

Partial Appointment TA/GAs:
- No waiver action required.
- Call UHR to confirm your enrollment at 848 932 3990.

By signing below, I hereby claim tuition remission and attest that this information is correct. I realize, as a Full Appointment TA/GA, that if I do not waive the student insurance plan at www.universityhealthplans.com, I will be responsible to pay the insurance cost for the term.

Student’s signature ___________________________ Date ____________________

Employee ID # ___________________________ (This is NOT your SSN)

Rutgers University F or J Visa Sponsored TA/GA Students Only
Fill out this section.

This section to be used by International students on Rutgers University F or J visa sponsorship.

This section to be completed by TA/GAs Only:
- Enroll in the State Health Benefits Plan (SHBP) with Rutgers University Human Resources (UHR).
- International TA/GA’s with an insurance plan from the University (SHBP): please submit an exemption request form to the Center for Global Services.
- For other insurance, please submit an exemption request form to the Center for Global Services with proof of your other coverage. http://globalservices.rutgers.edu

By signing below, I hereby claim tuition remission and attest that this information is correct. I realize that if I do not waive the student insurance plan at the Center for Global Services, I will be responsible to pay the insurance cost for the term.

Student’s signature ___________________________ Date ____________________

Employee ID # ___________________________