RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY
TUITION REMISSION APPLICATION (RT-100)
GRADUATE FELLOWS OR STUDENTS RECEIVING DEPARTMENTAL SCHOLARSHIPS
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: Fellow ________________ Other __________________

Term: Fall _______ Spring _______ Summer _______ Cr. hours to be remitted _______ Job Class __________

Rutgers GL Account Number to be charged for the following: (if none, please write “none”)

Tuition ________________ Campus Fee ________________ School Fee ________________

Computer Fee ________________ Health Insurance ________________ SEVIS ________________ Other ________________

Graduate Degree Program: ____________________________ Effective Date: __________________________

Authorized by ____________________________ Signature ____________________________ Date _______ Phone Ext _______

(Print Name)

This section must be completed and signed by the student.

Name (please print) ____________________________ RUID# ____________________________

Email ____________________________ School # ____________________________

Address __________________________________________________________________________

____________________________________________________________________________________

THIS SECTION IS TO BE USED BY U.S. CITIZENS AND PERMANENT RESIDENTS
ENROLLED FOR 9 OR MORE CREDITS AND BY ALL INTERNATIONAL STUDENTS WITH
GRADUATE FELLOWSHIPS

- For graduate fellows on the New Brunswick campus who meet the eligibility requirements: Your insurance fee will be paid by the University. No waiver is necessary. You must complete the enrollment process with your Graduate Program Administrator.

Newark/Camden campus fellows should contact your Program/Department Administrator.

- If you have other insurance coverage, please complete the waiver form at www.universityhealthplans.com UNLESS you are sponsored by Rutgers on a F or J visa, in which case you must submit a request for exemption form to the Center for Global Services with proof of your other coverage. http://globalservices.rutgers.edu

I understand, by signing, that, if I am not covered by the fellow privileges stated above, and I do not waive coverage, I will be responsible for paying the premium for health insurance.

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