



# USM REQUEST FOR TUITION REMISSION

Upon obtaining departmental authorization, this application must be presented for approval to the Human Resources/Personnel Office of the employee's home institution. A new application must be completed for each semester/session. If the employee is registering at multiple institutions, a separate application must be completed for each institution.

<b>1. Academic Year: 20</b> _____ <b>Semester for which tuition remission is requested</b> (enrollment term) <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer _____ (include summer session # if institution has more than one Summer Session) <input type="checkbox"/> Other _____	
<b>2. Employee Name:</b> (Last Name, First Name)	<b>10. Student Name:</b> (Last Name, First Name - if Employee is student, leave blank)
<b>3. Employee SSN:</b>	<b>11. Student SSN:</b>
<b>4. Employee Original Date of Hire or Reinstatement</b> Month/Day/Year ____/____/____	<b>12. Student is Employee's</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
<b>5. Complete if employee is retired or deceased:</b> <input type="checkbox"/> Retired Month/Day/Year <input type="checkbox"/> Deceased ____/____/____	<b>13. Student's Date of Birth:</b> (Required for a dependent child - if employee or spouse of employee, leave blank) Month/Day/Year ____/____/____
<b>6. Active Employee is Employed:</b> <input type="checkbox"/> Full time <input type="checkbox"/> Part time Enter % employed if less than full time _____% <b>Retired or deceased employee was Employed:</b> <input type="checkbox"/> Full time <input type="checkbox"/> Part time Enter % employed if less than full time _____%	<b>14. Student Enrollment Status:</b> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate
<b>7. Employee Status:</b> <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Contingent II <input type="checkbox"/> Grad. Asst. <input type="checkbox"/> Exempt <input type="checkbox"/> Retiree <input type="checkbox"/> Grad. Research Asst. <input type="checkbox"/> Faculty <input type="checkbox"/> Fellow <input type="checkbox"/> Grad. Teaching Asst.	<b>15. Academic Major:</b> (student/spouse of employee must complete this section if employee began USM employment on or after 1/1/1990)
<b>8. Employee Home Institution:</b> <input type="checkbox"/> AES <input type="checkbox"/> BCCC <input type="checkbox"/> BSU <input type="checkbox"/> CES <input type="checkbox"/> CSC <input type="checkbox"/> FSU <input type="checkbox"/> MSU <input type="checkbox"/> SU <input type="checkbox"/> STM <input type="checkbox"/> TU <input type="checkbox"/> UB <input type="checkbox"/> UMB <input type="checkbox"/> UMBC <input type="checkbox"/> UMBI <input type="checkbox"/> UMCES <input type="checkbox"/> UMCP <input type="checkbox"/> UMES <input type="checkbox"/> UMUC <input type="checkbox"/> USMO	<b>16. Campus where employee/student is taking classes:</b> <input type="checkbox"/> BCCC <input type="checkbox"/> BSU <input type="checkbox"/> CSC <input type="checkbox"/> FSU <input type="checkbox"/> MSU <input type="checkbox"/> SU <input type="checkbox"/> STM <input type="checkbox"/> TU <input type="checkbox"/> UB <input type="checkbox"/> UMB <input type="checkbox"/> UMBC <input type="checkbox"/> UMCP <input type="checkbox"/> UMES <input type="checkbox"/> UMUC
<b>9. Employee Campus Address:</b> _____ <b>Employee Campus Phone #:</b> _____ <b>Employee Campus Email Address:</b> _____	<b>17. Number of credit hours to be remitted:</b> _____ <b>List account number(s) from which employee is paid:</b> _____ _____ _____ _____

I hereby certify that:

- the information given above is accurate;
- if application for tuition remission is being made for spouse/dependent, that spouse/dependent is not a part-time (50% or more) or FT, regular employee of the USM nor appointed as a graduate teaching or graduate research assistant, nor graduate fellow or non-stipend scholar;
- if application is being made for dependent child, he/she is financially dependent as that term is defined by the US Internal Revenue Service;
- for spouse or dependent child(ren), the amount of tuition remission will be noted on my paycheck stub and will be taxed if student is taking graduate courses.
- I have read and understand the tuition remission policy and guidelines.

Signature of Employee \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Department Head/Designee \_\_\_\_\_

Date:

Signature of HR/Personnel Management Representative at home institution: \_\_\_\_\_

Date: \_\_\_\_\_