USM REQUEST FOR TUITION REMISSION

Each USM Employee or Retiree seeking tuition remission for self, a spouse or child shall complete this application and accompanying certification to provide the information necessary to comply with both the USM-BOR Tuition Remission policies (VII-4.10; VII-4.20) and Internal Revenue Service regulations regarding the income tax law status of the tuition remission benefit requested by the employee. This page provides the information necessary to ascertain eligibility and process the request; additionally the employee/retiree is also required to complete and sign the Affidavit for tax status of the tuition remission recipient.

Upon obtaining departmental authorization, the employee/retiree must present this request to the employing Institution Human Resources Office for approval. A new request must be completed for each semester/session. If the student is registering at multiple Institutions, a separate request must be completed for each Institution.

1. Calendar Year: 20_____

Semester for which tuition remission is requested (enrollment term) □ Fall □ Winter □ Spring □ Summer ____

(include summer session # if institution has more than one Summer Session)   □ Other _____

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2. Employee Name: (Last Name, First Name)

10. Student Name (Spouse/Child): (Last Name, First Name)

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3. Employee SSN:

11. Student SSN (Spouse/Child):

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4. Employee Date of Hire:

Month/Day/Year ____/____/____
Do you have prior USM Service/dates? Yes _____ No __

12. Student is Employee's:

□ Spouse   □ Child

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5. Complete if employee is retired or deceased:
                        Month/Day/Year
□ Retired   ____/____/_____
□ Deceased   ____/____/_____

13. Student's Date of Birth: (Required for a child - if employee or spouse of employee, leave blank)

Month/Day/Year ____/____/____

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6. Active Employee is Employed: □ Full time □ Part time
Enter % employed if less than full time _____%

Retired or deceased employee was employed:
□ Full time □ Part time
Enter % employed if less than full time _____%

14. Student Enrollment Status:

□ Undergraduate | □ Freshman   □ Sophomore
_____ | □ Junior   □ Senior
□ Graduate

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7. Employee Status:

□ Nonexempt   □ Contingent Catg. II □ Grad. Asst.

□ Exempt   □ Retiree   □ Grad. Research Asst.

□ Faculty   □ Fellow   □ Grad. Teaching Asst.

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8. Employee's Home Institution:

□ BCCC □ BSU □ CSU □ FSU □ MIANR-AES

□ MIANR-UME/CES □ MSU □ SU □ SMCM

□ TU   □ UB   □ UMB □ UMB-MIEMSS

□ UMBC □ UMBI □ UMCES □ UMCP □ UMES

□ UMUC □ USMO

15. Institution where employee/student is registered:

□ BCCC   □ BSU   □ CSU   □ FSU   □ MSU

□ SU   □ SMCM   □ TU   □ UB   □ UMB

□ UMBC   □ UMCP   □ UMES   □ UMUC

□ For Grad Assistants: Check box if your course is held at a different Institution from where you registered for the course (ie: an inter-institutional course).

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9. Employee's Institution Work Address:

_____

Employee's Work Phone #: _____

Employee's Institution E-mail Address:

_____

16. Number of credit hours to be remitted: _____
List account number(s) from which employee is paid:

_____
_____
_____
_____

17. Institution transfer of funds: Yes___   No___ ; %___
(To be completed by Institution HR Benefits Coordinator)

Please continue on to the TR Affidavit - complete and sign. This TR Request shall not be processed without the completed and signed TR Affidavit.

USM Form-RV – **Revised 11-12-2014**