

APPENDIX F
**CERTIFICATE OF ELIGIBILITY FOR SYSTEMWIDE REMISSION FOR
HIGHER EDUCATION EMPLOYEES**

Before completing this form please read carefully the Board of Higher Education System wide tuition Remission policy for Higher Education Employees to determine if you, your spouse or your dependent child are eligible for tuition remission benefits. After completing the form you must have it signed by both your Department Head and the College's Chief Human Resources Officer. You must then submit the form with your tuition bill to the College or University at which you, your spouse or your dependent child are enrolled.

EMPLOYEE'S NAME

EMPLOYEE'S COLLEGE

TITLE AND DEPARTMENT

UNION AFFILIATION

NAME OF INDIVIDUAL USING TUITION REMISSION

RELATIONSHIP TO EMPLOYEE

____ SELF
____ SPOUSE

____ DEPENDENT CHILD
____ NON-DEPENDENT CHILD*

***State Universities/Colleges only**

NAME OF COLLEGE/UNIVERSITY ATTENDING _____

SEMESTER: FALL _____ SPRING _____ SUMMER _____ INTERSESSION _____

ENROLLMENT STATUS: FULL TIME _____ PART TIME _____

EMPLOYMENT STATUS: FULL TIME _____ PART TIME _____

SIGNATURE OF EMPLOYEE

DATE

The individual named above is an employee of this College and meets the eligibility requirements for system wide tuition remission.

SIGNATURE OF EMPLOYEE'S

SIGNATURE OF CHIEF DEPARTMENT HEAD
PERSONNEL OFFICER

DATE

DATE

This certificate is valid for 120 days after the date of signature by the Chief Human Resources officer. A new certificate must be completed for each semester of study. This certificate is not transferable.