APPENDIX F CERTIFICATE OF ELIGIBILITY FOR SYSTEM WIDE 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 Personnel 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 Union Affiliation Relationship to Employee Self Spouse Dependent Child Non-Dependent Child (State Colleges Only)		
Title and Department	ng Tuition Pomio				
Name of Individual Usi	ng Tuttion Remiss	sion			
Name of College/Unive	rsity Attending:				
Semester:	Fall	Spring	Summer	Intersession	
Enrollment Status:	Full Time	Part Time			
Employment Status:	Full Time	Part Time			
Signature of Employee			<u> </u>	Date	
The individual named a tuition remission.	bove is an emplo	yee of this College	and meets the e	ligibility requirements for s	system wide
Signature of Employee'	s Head/Superviso	or	[Date	
Signature of Chief/Depa	artment		[Date	
Signature of Personnel	Officer (HR)			Date	

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