

University of Massachusetts - Lowell

Tuition Waiver / Tuition Remission Form

Employee Information – Please Print

Employee Name: _____ Employee Payroll ID#: _____
 Title: _____ Department: _____
 Collective Bargaining Unit* (Union): _____ *If none, indicate non-unit
 Email address: _____ Phone # (Work or Cell) _____

Student Information – Please Print

Student Name: _____ Student ID# _____
 Employee Spouse Dependent/Date of Birth _____
 Community College, State College or University Campus Attending: _____
 Fall Semester / Year _____ Spring Semester / Year _____
 Winter Session / Year _____ Summer Session / Year _____
 Level of Course Work: Undergraduate Graduate Continuing Education Yes ___ No ___

| Department | Course Title | Course # | # of Credits | Day/Time |
|------------|--------------|----------|--------------|----------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Employee Signature: _____ **Date:** _____

| | |
|--|--|
| <p>Release Time Approval, If Requested (Answer Only If Employee is the Student)</p> <p>Please describe the release time needed:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Department Head Signature _____ Date _____</p> | <p>Certain job-related education provided to an employee may qualify for exclusion as a working condition benefit:</p> <p>1) The education is required by the University or by law for the employee to keep his/her present salary, status, or job. (OR)</p> <p>2) The education maintains or improves skills needed in the job.</p> <p><i>Signature required if applicable in order to exclude tax for employees enrolled in graduate level courses exceeding \$5,250 per calendar year.</i></p> <p>_____</p> <p>Department Head Signature _____ Date _____</p> |
|--|--|

Human Resources Use Only

Full-Time Benefited Part-Time Benefited _____% Adjunct Date of Hire _____

Full-Time Benefited Service: Under 6 Months 6 Months – 2 Years Over 2 Years

The individual named above is an employee of UMass Lowell and is eligible and approved to receive:

Tuition Waiver/Remission Fee waiver** (If eligible) **Must be for a UMass Campus

Is this tuition benefit taxable? Yes ___ No ___ Taxability is determined by IRS regulations.

Tuition to be waived: _____% Operating Fees to be waived : _____%

Approved By:

Human Resource Designee (must have stamp) _____ Date _____