



TUITION REMISSION APPLICATION FOR  
**FULL TIME RUTGERS EMPLOYEES (RT-101)**

**This section must be completed and signed by the student.**

Employee's Name (please print) \_\_\_\_\_

Employee ID# \_\_\_\_\_ RUID# \_\_\_\_\_ School# \_\_\_\_\_

Number of credits \_\_\_\_\_ Semester Attending: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Email Address \_\_\_\_\_

Department Employed By \_\_\_\_\_ Phone Ext. \_\_\_\_\_

For specific Tuition Remission eligibility requirements, visit the [University Human Resources website](#) for more information.

**Note:** Newark employees must receive approval from their appropriate Dean, Director, Provost, or Chancellor.

By signing below, I hereby claim tuition remission and attest that this information is correct. I understand that all full-time students will be automatically enrolled in student health insurance coverage. I further understand that if I do not waive the student insurance plan, I will be responsible to pay the insurance cost for the semester.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return completed form with the term bill and applicable payment.**