



## 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.

<b>1. Calendar Year: 20</b> _____ <b>Semester for which tuition remission is requested</b> (enrollment term) <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer _____ (include summer session # if institution has more than one Summer Session) <input type="checkbox"/> Other _____	
<b>2. Employee Name:</b> (Last Name, First Name)	<b>10. Student Name (Spouse/Child):</b> (Last Name, First Name)
<b>3. Employee SSN:</b>	<b>11. Student SSN (Spouse/Child):</b>
<b>4. Employee Date of Hire:</b> Month/Day/Year ____/____/____ Do you have prior USM Service/dates? Yes _____ No _____	<b>12. Student is Employee's:</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Child
<b>5. Complete if employee is retired or deceased:</b> Month/Day/Year <input type="checkbox"/> Retired       ____/____/____ <input type="checkbox"/> Deceased      ____/____/____	<b>13. Student's Date of Birth:</b> (Required for a child - if employee or spouse of employee, leave blank)  Month/Day/Year ____/____/____
<b>6. Active Employee is Employed:</b> <input type="checkbox"/> Full time <input type="checkbox"/> Part time Enter % employed if less than full time _____%  <b>Retired or deceased employee was employed:</b> <input type="checkbox"/> Full time <input type="checkbox"/> Part time Enter % employed if less than full time _____%	<b>14. Student Enrollment Status:</b> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate
<b>7. Employee Status:</b> <input type="checkbox"/> Nonexempt <input type="checkbox"/> Contingent Catg. II <input type="checkbox"/> Grad. Asst. <input type="checkbox"/> Exempt <input type="checkbox"/> Retiree <input type="checkbox"/> Grad. Research Asst. <input type="checkbox"/> Faculty <input type="checkbox"/> Fellow <input type="checkbox"/> Grad. Teaching Asst.	<b>15. Institution where employee/student is registered:</b> <input type="checkbox"/> BCCC <input type="checkbox"/> BSU <input type="checkbox"/> CSU <input type="checkbox"/> FSU <input type="checkbox"/> MSU <input type="checkbox"/> SU <input type="checkbox"/> SMCM <input type="checkbox"/> TU <input type="checkbox"/> UB <input type="checkbox"/> UMB <input type="checkbox"/> UMBC <input type="checkbox"/> UMCP <input type="checkbox"/> UMES <input type="checkbox"/> UMUC <input type="checkbox"/> 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).
<b>8. Employee's Home Institution:</b> <input type="checkbox"/> BCCC <input type="checkbox"/> BSU <input type="checkbox"/> CSU <input type="checkbox"/> FSU <input type="checkbox"/> MIANR-AES <input type="checkbox"/> MIANR-UME/CES <input type="checkbox"/> MSU <input type="checkbox"/> SU <input type="checkbox"/> SMCM <input type="checkbox"/> TU <input type="checkbox"/> UB <input type="checkbox"/> UMB <input type="checkbox"/> UMB-MIEMSS <input type="checkbox"/> UMBC <input type="checkbox"/> UMBI <input type="checkbox"/> UMCES <input type="checkbox"/> UMCP <input type="checkbox"/> UMES <input type="checkbox"/> UMUC <input type="checkbox"/> USMO	<b>16. Number of credit hours to be remitted:</b> _____ <b>List account number(s) from which employee is paid:</b> _____ _____ _____
<b>9. Employee's Institution Work Address:</b> _____  <b>Employee's Work Phone #:</b> _____  <b>Employee's Institution E-mail Address:</b> _____	<b>17. Institution transfer of funds: Yes___ No___ ; %___</b> <b>(To be completed by Institution HR Benefits Coordinator)</b>

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