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.

1. Calendar Year: 20_____

Semester for which tuition remission is requested (enrollment term) ☐ Fall ☐ Winter ☐ Spring ☐ Summer ____

(include summer session # if institution has more than one Summer Session) ☐ Other _____

2. Employee Name: (Last Name, First Name)

3. Employee SSN:

4. Employee Date of Hire:

Month/Day/Year ____/____/____

Do you have prior USM Service/dates? Yes _____ No __

5. **Complete if employee is retired or deceased:**

Month/Day/Year

☐ Retired ____/____/_____

☐ Deceased ____/____/_____

6. Active Employee is Employed: ☐ **Full time** ☐ **Part time**

Enter % employed if less than full time _____%

Retired or deceased employee was employed:

☐ **Full time** ☐ **Part time**

Enter % employed if less than full time _____%

7. Employee Status:

☐ Nonexempt ☐ Contingent Catg. II ☐ Grad. Asst.

☐ Exempt ☐ Retiree ☐ Grad. Research Asst.

☐ Faculty ☐ Fellow ☐ Grad. Teaching Asst.

8. Employee's Home Institution:

☐ BCCC ☐ BSU ☐ CSU ☐ FSU ☐ MIANR-AES

☐ MIANR-UME/CES ☐ MSU ☐ SU ☐ SMCM

☐ TU ☐ UB ☐ UMB ☐ UMB-MIEMSS

☐ UMBC ☐ UMBI ☐ UMCES ☐ UMCP ☐ UMES

☐ UMUC ☐ USMO

9. Employee's Institution Work Address:

_____

Employee's Work Phone #: _____

Employee's Institution E-mail Address:

_____

10. Student Name (Spouse/Child): (Last Name, First Name)

11. Student SSN (Spouse/Child):

12. Student is Employee's:

☐ Opposite Sex Spouse ☐ Child

☐ Same Sex Spouse

13. Student's Date of Birth: (Required for a child - if employee or spouse of employee, leave blank)

Month/Day/Year ____/____/____

14. Student Enrollment Status:

☐ Undergraduate | ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

☐ Graduate

15. Academic Program: student - spouse/child of employee must complete this section if employee began USM employment on or after 1/1/1990)

16. Institution where employee/student is registered:

☐ BCCC ☐ BSU ☐ CSU ☐ FSU ☐ MSU

☐ SU ☐ SMCM ☐ TU ☐ UB ☐ UMB

☐ UMBC ☐ UMCP ☐ UMES ☐ UMUC

☐ For Grad Assistants: Check box if your course is held at a different Institution from where you registered for the course (ie: an inter-institutinl course).

☐ Check if student applied, but was not admitted to, the Home Inst.

17. Number of credit hours to be remitted: _____

List account number(s) from which employee is paid:

_____

_____

_____

_____

18. Institution transfer of funds: Yes_____ No_____

(To be completed by Institution HR Benefits Coordinator)

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