

**APPENDIX F**  
**CERTIFICATE OF ELIGIBILITY FOR SYSTEMWIDE REMISSION FOR**  
**HIGHER EDUCATION EMPLOYEES**

Before completing this form please read carefully the Board of Higher Education Systemwide 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 Human Resources 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

\_\_\_\_\_  
TITLE AND DEPARTMENT

\_\_\_\_\_  
UNION AFFILIATION

\_\_\_\_\_  
NAME OF INDIVIDUAL USING  
TUITION REMISSION

RELATIONSHIP TO EMPLOYEE

\_\_\_\_\_  
SELF

\_\_\_\_\_  
SPOUSE

\_\_\_\_\_  
DEPENDENT CHILD

\_\_\_\_\_  
NON-DEPENDENT CHILD\*

\*State Colleges only

NAME OF COLLEGE/UNIVERSITY ATTENDING \_\_\_\_\_  
 SEMESTER: FALL \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER \_\_\_\_\_ INTERSESSION \_\_\_\_\_

ENROLLMENT STATUS: FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

EMPLOYMENT STATUS: FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
DATE

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 The individual named above is an employee of this College and meets the eligibility requirements for system wide tuition remission.

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE'S  
DEPARTMENT HEAD

\_\_\_\_\_  
SIGNATURE OF CHIEF HUMAN RESOURCES  
OFFICER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

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