

## TUITION REMISSION APPLICATION FOR LEGACY AAUP-BHSNJ FACULTY

This application is only for Legacy AAUP-BHSNJ faculty who are now part of the AAUP-AFT and does not apply to any other AAUP-AFT faculty. Detailed instructions for this application can be found [HERE](#). **Note, this form is to be used only for tuition remission.** Eligible faculty in the School of Nursing or School of Health Professions seeking tuition reimbursement, should contact their Dean's Office for the appropriate form.

### Section A – Employee Information

Name:	Employee ID Number:	Student ID Number (RUID):
Email Address:	Phone Number:	
School:	Department/Program:	
Faculty Title:	Specify: Degree Obtaining and School Offering Program:	
Current Degree(s):	<b>OR</b> Professional Development/Continuing Education Undergoing:	

### Section B – Eligibility

The following conditions govern eligibility for tuition remission for faculty represented by the collective negotiations agreement between Rutgers and the AAUP-AFT:

1. The faculty member is required to either obtain a more advanced degree or undergo professional development/continuing education in order to retain or advance in their RBHS position;
2. The course(s) for which the faculty member seeks tuition remission satisfies the more advanced degree or professional development/continuing education the faculty member is required to obtain/undergo in order to retain or advance in their RBHS position and is available through an existing Rutgers University Program.
3. The Chair and Dean have certified the eligibility requirements and the Chancellor has approved.

### Section C – Employee Certification

I, \_\_\_\_\_ am requesting tuition remission for the ☐ Fall ☐ Spring ☐ Summer term 20\_\_\_\_

Name of course(s) for which I am requesting tuition remission:

Course Name	Course Number	Credits	Program/School
Course Name	Course Number	Credits	Program/School
Course Name	Course Number	Credits	Program/School

I have read and understand the tuition remission eligibility requirements for faculty represented by the collective negotiations agreement between Rutgers and the AAUP-AFT. I certify that the above information is accurate. Should my status change, I agree to immediately notify Student Accounting Services. I understand and agree that I will be personally responsible for reimbursing the University for the amount of tuition which was remitted in reliance on these representations if ineligible for such under University rules.

Employee Signature

Date

#### Section D – Department Chair Authorization

I verify that the above named employee meets the eligibility requirements to receive tuition remission. I certify that the course(s) the faculty member proposes to take satisfies the more advanced degree or professional development/continuing education the faculty member is required to obtain/undergo in order to retain or advance in their role.

\_\_\_\_\_  
Department Chair – Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head – Signature

#### Section E – Dean Authorization

I verify that the above named employee meets the eligibility requirements to receive tuition remission. I certify that the course(s) the faculty member proposes to satisfy the more advanced degree or professional development/continuing education the faculty member is required to obtain/undergo in order to retain or advance in their role..

\_\_\_\_\_  
Dean – Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean – Signature

**NOTE FOR SCHOOLS: IF APPLICATION IS APPROVED, PLEASE PROVIDE THE 45-DIGIT NUMBER OF THE ACCOUNT TO BE CHARGED:**

\_\_\_\_\_  
45- Digit Account Number

Once signed by the Dean, the form should be submitted to RBHS Office of Faculty Affairs at [rbhsfacultyaffairs@rbhs.rutgers.edu](mailto:rbhsfacultyaffairs@rbhs.rutgers.edu)

#### Section F – Chancellor Authorization

I approve the above named employee for tuition remission in accordance with the requirements of the collective negotiations agreement between the AAUP-AFT and the University.

\_\_\_\_\_  
Chancellor (or designee)– Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chancellor (or designee) – Signature

Upon approval by the Chancellor, RBHS Faculty Affairs will send the fully executed form to Rutgers Student Accounting, Billing, and Cashier Services at [tuition\\_remission\\_application@ca.rutgers.edu](mailto:tuition_remission_application@ca.rutgers.edu) with a copy to the faculty member. Note to those processing this form: Legacy AAUP-BHSNJ faculty, now part of the AAUP-AFT, are Legacy UMDNJ faculty and the collective negotiations agreement provides for 100% remission when appropriate signatures/approvals are in place. Policy 60.2.1. (A) does NOT apply to the faculty of AAUP-BHSNJ.

Updated 8/14/2023