



TUITION REMISSION APPLICATION FOR GRADUATE FELLOWS OR STUDENTS RECEIVING DEPARTMENTAL SCHOLARSHIPS (RT-100F)

This section must be completed and authorized by the unit or grant-holder responsible for the tuition.

Appt. Title: Fellow _____ Other _____

Term: Fall _____ Spring _____ Summer _____ Cr. hours to remit _____ Job Class _____

Rutgers Account String(s) to be charged for the following (select all that apply):

[] GL

Unit (3) _____ Division (4) _____ Org (4) _____ Location (4) _____ Fund Type (3) _____

Business Line (4) _____ Natural Account (5) _____

Please check off all that should be charged to this string:

[] Tuition [] Campus Fee [] Computer Fee [] School Fee [] Student Health Insurance Premium [] Other _____

[] Project

Project (6) _____ Task (3) _____ Exp Type (5) _____ Exp Org (11) _____

Location (4) _____ Business Line (4) _____

Please check off all that should be charged to this string:

[] Tuition [] Campus Fee [] Computer Fee [] School Fee [] Student Health Insurance Premium [] Other _____

Comments/Special Instructions _____

Authorized by _____ Phone number _____ (Print)

Authorized Signature _____ Date _____

This section must be completed and signed by the student.

Name (please print) _____ RUID# _____

Email _____ School # _____

THIS SECTION IS TO BE USED BY U.S. CITIZENS AND PERMANENT RESIDENTS ENROLLED FOR 9 OR MORE CREDITS AND BY ALL INTERNATIONAL STUDENTS WITH GRADUATE FELLOWSHIPS

- For graduate fellows on the New Brunswick campus who meet the eligibility requirements: Your Health Insurance Premium will be paid by the University. No waiver is necessary. You must complete the enrollment process with your Graduate Program Administrator. Newark/Camden campus fellows should contact your Program/Department Administrator.
If you have other insurance coverage, please complete the waiver form at http://www.universityhealthplans.com UNLESS you are sponsored by Rutgers on a F or J visa, in which case you must submit a request for exemption form to the Center for Global Services with proof of your other coverage.

By signing below, I understand that if I am not covered by the fellow privileges stated above, and I do not waive coverage, I will be responsible for paying the premium for health insurance.

Student's signature _____ Date _____

Employee ID # _____

Please return completed form with the term bill and applicable payment. For additional information regarding remission, visit www.studentabc.rutgers.edu