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 # __________________________