



UNIVERSITY OF MASSACHUSETTS
Amherst • Boston • Dartmouth • Lowell • President's Office • Worcester
TUITION WAIVER • TUITION REMISSION

Employee Information - Please Print

Employee Name _____ Employee ID # _____
 Title _____ Non-Unit _____ Unit _____
 Campus UMASS President's Office Department _____ Building _____

Student and Program Information

Student Name _____ Social Security # _____
 Employee Spouse Domestic Partner Dependent/Date of Birth _____
 Community College, State College or University Campus Attending: _____
 Fall Semester/Year _____ Summer Semester/Year _____
 Spring Semester/Year _____ Intercession/Year _____
 Level of course work: Undergraduate Graduate Continuing Education UMASS Online
 If graduate level, list course(s) _____
 If release time is being requested, please describe _____

 Employee Signature _____ Date _____

To be completed by the Department Head only if Release Time is requested. (Answer only if the employee is the student)

Release Time is Approved: Yes No Is Course/Program Job-Related? Yes No

 Department Head Signature _____ Date _____

This section must be completed by the Human Resources Office

Full-time Employee Part-time Employee _____% Retiree Date of Hire _____
 The individual named above is an employee of the University of Massachusetts and is eligible and approved to receive:
 Tuition Waiver/Tuition Remission Release Time, if requested
 Is this tuition benefit taxable? Yes No If yes, taxable value of tuition benefit _____

 University Director of Human Resources or Designee _____ Date _____

NOTE: *This certificate is valid for 120 days after the date of signature by the Human Resources Officer. A new certificate must be completed for each semester of study. This certificate is not transferable. Please note that certain Tuition Waiver/Remission benefits are treated as taxable income under Federal Law.*

Send Original of this form to the school's Bursar's Office *** Keep a Copy for your file *** Copy for Human Resources