



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 _____

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

Rutgers UDO String to be charged for the following: if (none, please write "none")

Tuition _____

Campus Fee _____

School Fee _____

Computer Fee _____

Health Insurance _____

Other _____

Check here if any of the UDO Strings listed are Project accounts

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 insurance fee 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