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