

RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY
 TUITION REMISSION APPLICATION FOR **GRADUATE ASSISTANTS AND TEACHING ASSISTANTS** (RT-100)
IMPORTANT! PLEASE READ CAREFULLY and COMPLETE THIS ENTIRE FORM!

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

Appt. Title: GA ____ TA ____

Effective Date _____ Fall _____ Spring _____ Summer _____

Check one: Standard 10 or 12-month appointment ____ **Partial appointment** ____

Cr. hours to remit _____ *(please note that tuition/ fees will be charged to the salary account)*

Employed by _____ Phone ext. _____

Authorized by _____
 (Print)

Signature _____ Date _____

For Dept. office use only:
 New CY* Appt. ____
 New AY**Appt. ____
 Cont. TA/GA ____

*There will be a 60 day waiting period for health insurance eligibility.

** Health insurance eligibility starts immediately.

This section must be completed and signed by the student.

Name (please print) _____ RUID# _____

Email _____ School # _____

Address _____

**DOMESTIC STUDENTS ONLY
 FILL OUT THIS SECTION**

This section to be filled out by U.S. citizens and permanent residents only.

In order to request a waiver of student health insurance coverage, please go to www.firststudent.com and enter your name, insurance provider, RU ID number and policy number (see below).

*For full TA and GA appointments please enter: **SHBP Horizon BC/BS NJ Direct 15 Group # is 90500-TAGA***

*For part-time TA and GA appointments please enter: **Aetna PPO-Policy No: 812813***

By signing below, I hereby claim tuition remission and attest that this information is correct. I realize that if I do not waive the student insurance plan at www.firststudent.com, I will be responsible to pay the insurance cost for the semester.

Student's signature _____

Date _____

Employee ID # _____
(This is NOT your SSN)

**INTERNATIONAL STUDENTS ONLY
 FILL OUT THIS SECTION**

This section to be used by International students on Rutgers University F or J visa sponsorship

This section to be completed by TAGAs Only:

- *International TA/GA's with an insurance plan from the University: please submit an exemption request form to the Center for International Faculty and Student Services.*
- *For other insurance, please submit an exemption request form to the Center for International Faculty and Student Services with proof of your other coverage.*
<http://internationalservices.rutgers.edu>

By signing below, I hereby claim tuition remission and attest that this information is correct. I realize that if I do not waive the student insurance plan at the Center for International Faculty and Student Services, I will be responsible to pay the insurance cost for the semester.

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