

# Tuition Remission for Continuing Education Courses Outside of Johns Hopkins University For Johns Hopkins University Faculty and Staff Only

**INSTRUCTIONS:** Complete and **submit this form to the Benefits Service Center**. One form is required for each course. The applicant is responsible for reading the description of the Tuition Remission Plan, that is offered here, and to provide accurate information.

**Employee Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Pernr** \_\_\_\_\_ **JHED ID** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Employee Email** \_\_\_\_\_

**ELIGIBILITY:** Full-time JHU faculty and staff qualify for Tuition Remission after completing 120 days of full-time employment at Johns Hopkins University (may be waived by employee's supervisor if course is required for employment).

**REQUIRED CONTINUING EDUCATION COURSES:** Faculty and staff receive 100% remission via a funding transfer to their department for successfully completed and approved courses outside of Johns Hopkins University, conferences and seminars. Documentation of successful completion must be provided within one year of the date that the course was completed. Courses must be required for the employee to maintain a job-required professional certificate or license regulated by the state licensing board to be eligible. **Visiting faculty and staff, Residents, Interns and Postdoctoral Fellows, retirees, spouses, domestic partners, and dependent children are not eligible.**

Courses can be paid for by the faculty/staff member or the department. Once the documentation below is submitted and approved, the department's budget will be credited. If paid by the faculty or staff member, he/she will be reimbursed by their department.

- A signed Tuition Remission for Continuing Education Courses Outside of JHU Application.
- A copy of the paid receipt (U.S. currency) for the workshop.
- A copy of the certificate of attendance.
- A copy of the Johns Hopkins University job description to show that the faculty or staff member's position requires a license that is regulated by the state/state board.

## CONFERENCE/COURSE/SEMINAR INFORMATION:

**Title** \_\_\_\_\_ **Cost \$** \_\_\_\_\_

**REQUIRED PAYMENT INFORMATION:** in order to receive reimbursement, please provide an appropriate budget number and department contact name below. The funds will be transferred to the budget you have listed, and the contact person will be notified of the document number and posting date of the transfer. The contact person within your department will be responsible for reimbursing you once the transfer has posted. Please print legibly.

**Receiving Budget Number** (Internal Order or Cost Center) \_\_\_\_\_ **Business Area** \_\_\_\_\_

**Department Contact Name** \_\_\_\_\_ **Contact Email** \_\_\_\_\_

**PAYMENT ALLOWANCES:** Outside courses, as well as conferences and seminars, which are both required to maintain a professional certification for the job and regulated by the state licensing board are covered. Note: If the course does not meet both requirements, the department may pay, and the department benefit is not taxable to the employee. The plan covers both credit and non-credit courses. Tuition Remission does not cover tuition costs for courses not completed (withdrawn from or dropped).

**AGREEMENT:** I hereby certify that I have read the Tuition Remission policy that applies to me, that all the information I have provided here is accurate, and that I have been in a benefits eligible status for 120 consecutive days (unless this policy has been waived by my supervisor for job-related coursework) and continue in a full-time eligible position. **I understand that it is my obligation to repay any monies disbursed erroneously promptly after notification by the University.**

**Faculty or Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SUPERVISOR APPROVAL:** By signing this form, I am hereby confirming that: 1.) the employee listed above meets the eligibility requirements, and 2. the course being reimbursed is required for the employee to maintain a job-required professional certificate or license regulated by the state licensing board. **Forms will not be processed without the Required Payment Information.**

**Supervisor or Department Head Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Benefits Service Center Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Click Here to Print Form and Mail, Fax, or Carry to the Benefits Service Center at  
1101 E. 33<sup>rd</sup> Street, Suite D-200, Baltimore, MD 21218 Fax: 443-997-5820 Email: [benefits@jhu.edu](mailto:benefits@jhu.edu)