Date _____

Academic Term Select from the following and enter the year: _____

# Tuition Remission Benefit Application For Johns Hopkins University Faculty, Staff or Retirees Only

**INSTRUCTIONS:** Complete and **submit this form to the Johns Hopkins University Registrar's Office of the academic division offering the course you have selected. Forms to be applied for the current calendar year must be received on or before December 15. Forms received after this date will not be accepted.** One form is required for each course.

The applicant is responsible for reading the description of the Tuition Remission Plan which is offered here, and for providing accurate information.

Employee Name _____ Telephone # _____ JHED ID _____

Soc. Security # _____ Employment Date _____ Dept Code _____

**ELIGIBILITY:** Full-time Johns Hopkins University faculty and staff, and their spouses and dependent children qualify for Tuition Remission after the employee completes 120 days of full-time employment at the university. Retirees, their spouses and dependent children are also eligible for Tuition Remission for Johns Hopkins courses. Please visit the Benefits website at **www.benefits.jhu.edu** for information and requirements.

**Visiting Faculty and Staff, Residents, Interns and Postdoctoral Fellows are not eligible for Tuition Remission.**

**PAYMENT ALLOWANCES:** Payment allowances are for part-time study. Courses must be offered through the continuing education unit of one of the university's academic divisions, CTY, the Berman Institute or the Institute for Clinical and Translational Research. The plan covers both credit and non-credit courses. The maximum Tuition Remission available to employees (including all eligible members of the family) for credit courses is the value of part-time study **not to exceed $5,250 in a calendar year**. Tuition Remission does not cover tuition costs for courses not completed (withdrawn from or dropped).

**COURSE INFORMATION:**

**Course Number:** _____ **Course Title:** _____ **Course Cost:** _____

**Course Type:** Please select one of the following: _____

**Course Offered:** Select the division offering the course you plan to attend to see the percentage of the cost to be covered. _____

**AGREEMENT:** The Tuition Remission family limit for **credit** courses for the calendar year is $5,250 and family members may spend the $5,250 in any academic period in a calendar year as long as they maintain part-time status and stay within the spending limits established by the schools. I agree to track my family's use of Tuition Remission for credit courses. 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 Member Signature:** _____ **Date:** _____

**SUPERVISOR APPROVAL:** By signing this form, I am hereby confirming that the employee named above: 1.) has my permission to be released from work for this course if it is offered during work hours, and 2.) may attend this course without waiting the 120 days required for new employees (as this course is a requirement of the job).

**For Non-Credit Professional Development courses only, forms will not be processed without the appropriate budget number.** I certify that this course is valuable to the professional development of the above named individual. I authorize the university to charge my department's (unrestricted) budget number: _____ for the remission received for the university's courses if the individual does not attend, fails to cancel with one week's advance notice, or is otherwise ineligible for the Tuition Remission benefit.

**Supervisor or Department Head Signature:** _____ **Date:** _____

If this application is for a retiree, the application must be approved with signature by the divisional Human Resources Office or the Benefits Service Center confirming the employee's retirement status before the retiree can participate in the program.

**HR Approval for Retirees:** _____ **Date:** _____

## FOR COMPLETION BY JOHNS HOPKINS UNIVERSITY DIVISIONAL BUSINESS OFFICES

| | |
|---|---|
| Total Tuition: | Authorized Signature: |
| Remission Remitted: | Date: |
| Student Amount Due: | *DBO: Return to the Office of Benefits Services* |

**CLICK HERE TO PRINT FORM AND MAIL, FAX, OR CARRY IT TO THE SCHOOL WHEN YOU REGISTER**