



: _____ Employee Hire Date _____

Social Security #: _____

Department: _____

College/University/TT0 10.56 Tf 21.6 442.75 4002 ()-5 Jn B (ni)5 ()e

Signature of Employee

Date

Signature of Department Head/Date

PART II

Name of student using tuition remission/waiver: _____

Social Security #: _____ Semester: _____

Relationship of individual using tuition remission: spouse dependent child
(if other than employee)

PART III

The individual named in Part I is an employee of the Commonwealth of Massachusetts/College/University and meets eligibility requirements for systemwide tuition remission.

' L U H F W R U R I Human Resources (or designee): _____ Date: _____

NOTE: This certificate is valid for 120 days after the date of signature by the Vice President for Human Resources. A new certificate must be completed for each semester of study. This certificate is not transferable.