

RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY  
TUITION REMISSION APPLICATION  
GRADUATE ASSISTANTS AND TEACHING ASSISTANTS

Name \_\_\_\_\_  
LAST (PLEASE PRINT) FIRST

Address \_\_\_\_\_ School # \_\_\_\_\_

Student's Signature \_\_\_\_\_ RU ID# \_\_\_\_\_

I hereby claim Tuition Remission and attest this information is correct. Payroll ID# \_\_\_\_\_

**This section must be completed and authorized by the department granting the remission**

Appt. Title: GA \_\_\_\_\_ TA \_\_\_\_\_ Effective Date \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Acct# to be charged for tuition remission \_\_\_\_\_ Cr. hours for rem. \_\_\_\_\_

Department Employed By \_\_\_\_\_ Phone ext. \_\_\_\_\_

Authorized Department Representative \_\_\_\_\_  
PRINT SIGNATURE

**Return completed form with the Attendance Confirmation/Payment form and applicable payment.**

For additional information regarding remission, visit [www.studentabc.rutgers.edu](http://www.studentabc.rutgers.edu)