

TUITION REMISSION BENEFIT FORM

Last Revised: Fall 2006

Employee Name _____ Social Security # (Required) _____

Home Phone # (____) _____ UNM ID Number (Required) _____

Mailing Address (include City and Zip Code) _____

Department _____ Work Phone _____

E-mail Address _____

Employment Status: Faculty ____ Staff ____ Retiree ____ Session: Year ____ Fall ____ Spring ____ Summer ____

Note: Tuition Remission is applicable to regular employees with .5 FTE or greater.

THIS SECTION FOR EMPLOYEE AND/OR SPOUSE/DOMESTIC PARTNER

I. CREDIT COURSES: Complete this Section and Section IV-Certification. Submit the form to the Bursar's Office or CNM Registration Office. Non-degree students may submit this form to UNM Continuing Education. Supervisory approval (Section III below) is required only if time off from your normal work schedule is involved.

EMPLOYEE:

Course Title	Graduate Level Yes/No	Course #	Class Day/Time	Credit Hours

SPOUSE/DOMESTIC PARTNER: Check one: Spouse ____ Domestic Partner ____

Spouse/Domestic Partner Name: _____ Spouse/Domestic Partner

Soc Sec Number (Required) : _____ UNM ID Number (Required): _____

Course Title	Graduate Level Yes/No	Course #	Class Day/Time	Credit Hours

THIS SECTION FOR EMPLOYEE ONLY

II. NON CREDIT COURSES: Complete this Section and the Certification Section IV. Obtain supervisory approval if applicable, and submit form to UNM Continuing Education or the specific department offering the course. Other University departments that accept the Tuition Remission Form as payment include Anderson Schools, Continuing Medical Education, and Human Resources Employee and Organizational Development. Use a separate form for each location. Non-credit courses that are for professional development or improvement of work related skills REQUIRE supervisory approval.

PROFESSIONAL DEVELOPMENT (MUST BE WORK RELATED):

Course Title	Course #	Cost	Class Day/Time	Work Related Yes/No

PERSONAL ENRICHMENT OR NON WORK RELATED PROFESSIONAL DEVELOPMENT (SEE SECTION IV BELOW):

Course Title	Course #	Cost	Class Day/Time	Work Related Yes/No

III. SUPERVISORY APPROVAL

Complete this Section to obtain supervisory approval only if the credit or non-credit course(s) listed above is/are offered during your regular work schedule. Supervisory approval is also required if a non credit course qualifies as work-related and is therefore not subject to the two (2) credit hour limitation per calendar year. Supervisors are encouraged to grant employees time off with pay to attend one (1) credit course each semester if the course is related to the employee's work or to a University position to which the employee reasonably aspires and if the course is not available outside regular work hours. Time off with pay must be granted when a course is required by the supervisor. In some circumstances, time off may be granted but is made up during the workweek. For additional information in these cases, see **Section 5.1. of "Tuition Remission Program" Policy 3700, UBP**. Check applicable spaces:

_____ Time off with pay is granted _____ Time off is not granted

_____ Time off is granted but must be made up as follows: _____

_____ Verification of all work related non-credit courses.

Supervisor: _____ Manager/Dept. Chair

IV. EMPLOYEE CERTIFICATION

I certify that this request is within the maximum allowable benefit per semester as provided in the **"Tuition Remission Program" Policy 3700, UBP** of no more than eight (8) credit hours in fall and spring semester and no more than four (4) credit hours during summer. Personal development non-credit courses do not exceed the equivalence of resident, undergraduate tuition for two (2) credit hours per calendar year. Tuition rates can be viewed at [HTTP://www.unm.edu/~bursar/tuitionrates.html](http://www.unm.edu/~bursar/tuitionrates.html) I understand that I am responsible to repay all costs that exceed the maximum allowable benefit, which UNM may collect through payroll deductions. I certify that this request complies with the **"Tuition Remission Program" Policy 3700, UBP** and that the information provided above is true.

Employee _____ Date: _____