

Date _____
Academic Term _____

**Non-Credit Tuition Remission Benefit
Application For Johns Hopkins
University Faculty, Staff, and
Bargaining Unit**

INSTRUCTIONS: Complete form using Adobe Reader and **submit it to the Johns Hopkins University Registrar's Office of the 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 #** _____ **Dept Code** _____
JHED ID _____ **Employment Date** _____ **Birth Date** _____

ELIGIBILITY: Full-time Johns Hopkins University faculty and staff qualify for Tuition Remission after the employee completes 120 days of full-time employment at the university. Please visit the Benefits website at <https://hr.jhu.edu/benefits-worklife/tuition-assistance/> for information and requirements.

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

PAYMENT ALLOWANCES: Courses must be offered through the continuing education unit of one of the university's academic divisions, CTY, Sheridan Libraries, the Berman Institute or the Institute for Clinical and Translational Research. The plan covers non-credit courses. The maximum Tuition Remission available to employees for non-credit professional development classes is limited to 2 per calendar year. There is no annual limit for non-credit personal enrichment courses. Tuition Remission does not cover tuition costs for courses not completed (withdrawn from or dropped).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: _____

Course Offered: _____

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 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 has my permission to be released from work for this course if it is offered during work hours.

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:** _____

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

PRINT FORM AND BRING IT TO SCHOOL WHEN YOU REGISTER.