



UNIVERSITY of  
 MASSACHUSETTS  
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**CERTIFICATE OF ELIGIBILITY FOR SYSTEMWIDE TUITION WAIVERS**  
**HIGHER EDUCATION EMPLOYEES**

Part -Time employee \_\_\_\_\_  
 Full - Time employee \_\_\_\_\_  
 Date of Hire \_\_\_\_\_

Employee Information – PLEASE PRINT

Employee Name \_\_\_\_\_ Employee ID# \_\_\_\_\_

Title: \_\_\_\_\_ Collective Bargaining Unit \_\_\_\_\_

Employees College/University: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

\_\_\_\_\_  
 SS# \_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
 Name and SS# of Individual using Tuition Remission Spouse Dependent Child

College/University Attending: AMHERST

Semester/Year: Fall ( ) Spring ( ) Cont. Ed ( ) Intersession ( ) Summer ( ) YEAR \_\_\_\_\_

\_\_\_\_\_  
 Signature of Employee

\_\_\_\_\_  
 Date

The individual named above is an employee of this College/University and meets all eligibility requirements for system wide tuition remission.

\_\_\_\_\_  
 Signature of Employee's Department Head

\_\_\_\_\_  
 Chief Personnel Officer (or Designee)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

Note: This Certificate is valid for 120 days after the date of signature by the Chief Personnel Officer. A new Certificate must be completed for each semester of study. This certificate is not transferable.

Photocopies/faxed copies are NOT acceptable. Only original waivers with original signatures will be acceptable. All waivers MUST be received to coincide with our billing dates, as no late/retro waivers will be applied.