THE UNIVERSITY OF VERMONT

SUPPLEMENTAL TUITION REMISSION APPLICATION FOR PART-TIME FACULTY REPRESENTED BY UNITED ACADEMICS

| Name | Емр | LOYEE ID # | |
|--|--|--|---|
| Address | | | |
| Сіту | | STATE | ZIP |
| EMAIL | | PHONE | |
| DISCIPLINE/ DEPARTMENT | | | |
| College/ School | | | |
| Date of Hire | | | |
| Rank & Title | | | |
| To be eligible for tuition remis statement. Have you: | sion, certain criteria mu | st be met. <u>Pleas</u> | se circle the appropriate |
| Been compensated for the University of Verme | • | edits as an instr | uctional faculty member at |
| | OR | | |
| Had two consecutive a at the University of Ve | | TE or greater (C | Clinical, Research or Library) |
| Please note that once eligible, the funiversity for each three (3) credit academic credit hours per academi be rolled over for one (1) additiona | course he or she teaches c year. Such credits that ar | in an academic ye e not used in the y | ar at the University, up to six (6) ear in which they are earned may |
| How many credits of tuition re | mission are you applyir | ng for and for w | hich courses? |
| Total number of credit hours:_ Course(s): | | | |
| Course #(s) & Section(s): During Academic Year: | | rcle One: FAL | L / SPRING / SUMMER |
| Will you be teaching during th | ne academic year in wh | ich you are purs | uing coursework? Yes / No |
| Signature | | Date | |
| It is the part-time faculty member | 's responsibility to return th | is completed form | n with the following information: |

1) a copy of your current or prior year's appointment letter(s) that qualify you for tuition remission, and

Return the completed materials to <u>Human Resources</u>, 228 Waterman.

2) a copy of your University of Vermont Tuition Remission Request form

(available at: http://www.uvm.edu/hrs/forms/tuition_remission_request.pdf)