

**Tuition Remission Benefit Application
JHU Retirees**

Date _____

Academic Term _____

INSTRUCTIONS: Complete form using Adobe Reader and **submit it to the Johns Hopkins University Registrar's Office of the academic 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.

Name _____ Telephone # _____ Dept Code _____

JHED ID _____ Employment Date _____ Birth Date _____

ELIGIBILITY: Retirees, their spouses and dependent children are eligible for Tuition Remission for both credit and non-credit Johns Hopkins personal enrichment courses. Please visit the Benefits website at <https://hr.jhu.edu/benefits-worklife/tuition-assistance/> for information and requirements.

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

PAYMENT ALLOWANCES: Payment allowances are for part-time study. 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 both credit and non-credit personal enrichment courses. The maximum Tuition Remission available to retirees (including all eligible members of the family) for credit courses is the value of part-time study **not to exceed \$5,250 in a calendar year.** Tuition Remission does not cover tuition costs for courses not completed (withdrawn from or dropped).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: The Tuition Remission family limit for **credit** courses for the calendar year is \$5,250 and family members may spend the \$5,250 in any academic period in a calendar year as long as they maintain part-time status and stay within the spending limits established by the schools. I agree to track my family's use of Tuition Remission for credit courses. 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.

I understand that it is my obligation to repay any monies disbursed erroneously promptly after notification by the university.

Retiree Signature: _____ **Date:** _____

If this application is for a retiree, the application must be approved with signature by the divisional Human Resources Office or the Benefits Service Center confirming the employee's retirement status before the retiree can participate in the program.

HR Approval for Retirees: _____ **Date:** _____

FOR COMPLETION BY JOHNS HOPKINS UNIVERSITY DIVISIONAL BUSINESS OFFICES

Total Tuition:	Authorized Signature:
Remission Remitted:	Date:
Student Amount Due:	<i>DBO: Return to the Office of Benefits Services</i>

PRINT FORM AND BRING IT TO THE SCHOOL WHEN YOU REGISTER.