RUTGERS
THE STATE UNIVERSITY OF NEW JERSEY

PART-TIME LECTURER 50% TUITION REMISSION APPLICATION[1]

Return the completed form to oalr@oq.rutgers.edu

Section A – Employee Information

Name:	Employee ID Number: RU ID Number:
Email Address:	Daytime Phone Number:

Section B – Eligibility

The following conditions govern eligibility for 50% tuition remission for Part-Time Lecturers (PTLS):

1. *The PTL shall have taught two semesters within two consecutive academic years at Rutgers **and** a minimum of twelve (12) credits or 12 course hours;*
2. *PALS PTLs shall have taught at least two semesters within two consecutive academic years at Rutgers **and** a minimum of twelve (12) course hours;*
3. *If a PTL teaches a minimum of three (3) credits—or three (3) course hours in the case of PALS PTLS—in a semester, he or she may be eligible to take no more than three (3) credits in that semester or the subsequent semester;*
4. *The PTL must be admitted to one of the undergraduate, graduate, or professional divisions of the university (matriculated or non-matriculated);*
5. *The PTL must be appointed as a Rutgers PTL as of the first day of class for the semester in which he or she is taking the course(s);*
6. *The PTL must meet all policies and requirements of the program offering the class for the semester in which he or she is taking the course(s)*

Please list all PTL appointments you have held at Rutgers within the past **two consecutive academic years**, including any current PTL appointments. *If necessary, please attach a listing of additional PTL appointments.*

Semester	Department	Course Name	Course Number	Credits / Course Hours

Section C – Employee Certification

I, , am requesting no more than **3 credit hours** of 50% tuition remission for the ☐ Fall ☐ Spring term 20 .

Name of course at 50% tuition remission _____ _____ _____

Course Name Course Number Credits

I have read and understand the 50% Tuition Remission program for Part-Time Lecturers. I certify that the above information is accurate. Should my status change, I agree to immediately notify Student Accounting Services. I understand and agree that I will be personally responsible for reimbursing the University for the amount of tuition which was remitted in reliance on these representations if ineligible for such under University rules. I also understand I am responsible to pay all fees associated with the course aside from 50% tuition.

_____ _____

Employee Signature Date

Section D – Department Authorization

I verify that the above named employee **will be a Part-Time Lecturer** during ☐ Fall ☐ Spring term(s) 20 and has met eligibility to receive 50% tuition remission. I certify that the course the PTL proposes to take at 50% tuition remission is related to the subject matter of courses the PTL has taught or will teach.

_____ _____

Department Head/Dean – Print Name Departmental Account Number

_____ _____

Department Head/Dean – Signature Date

Section E – Office of Academic Labor Relations Use Only

Semester TR Earned	Semester TR Used

☐ Approve ☐ Deny By _____ Date _____

[1] Fully online degree programs are not eligible for any tuition remission benefits. Legacy UMDNJ courses/programs are not eligible for any tuition remission benefits.

For questions regarding this application, please contact the Office of Academic Labor Relations (848-932-7174).