

EMPLOYMENT STATUS
(please check one)

Full-time: _____

Pro-rated: _____

Part-time: _____



**Mount Wachusett
Community College**

444 Green Street, Gardner, MA 01440-1000

Department of Human Resources and Affirmative Action

**CERTIFICATE OF ELIGIBILITY FOR SYSTEMWIDE
TUITION REMISSION FOR HIGHER EDUCATION EMPLOYEES**

Before completing this form, please read carefully the Board of Higher Education's (BHE's) System-wide Tuition Remission Policy for Higher Education Employees to determine if you, your spouse, or your dependent child is eligible for tuition remission benefits. After completing the form, you must have it signed by both your Department Head and the College's Chief Personnel Officer. You must then submit the form with your semester tuition bill to the College or University at which you, your spouse, or your dependent child are enrolled.

EMPLOYEE'S NAME

MOUNT WACHUSETT COMMUNITY COLLEGE

EMPLOYER'S COLLEGE

EMPLOYEE'S ID NUMBER

UNION AFFILIATION (please check one)

AFSCME: _____

NUC (Non-unit Classified): _____

PSM (Professional Staff Member): _____

NUP (Non-unit Professional): _____

MCCC/MTA (Faculty): _____

TITLE and DEPARTMENT

NAME OF INDIVIDUAL USING TUITION REMISSION

RELATIONSHIP TO EMPLOYEE:

_____ **SELF** _____ **DEPENDENT CHILD (25 years old and younger)**

_____ **SPOUSE** _____ **NON-DEPENDENT (AFSCME unit members only)**

NAME OF COLLEGE/UNIVERSITY ATTENDING: _____

***All non-credit courses must be signed off by The Director of Non-Credit Programs. Please note: If you are taking a non-credit course please identify the title of the course:** _____

Signature of Director of Non-Credit Programs and/or her designee: _____

SEMESTER/YEAR: FALL _____ SPRING _____ SUMMER _____ INTERSESSION _____

ENROLLMENT STATUS: YEAR: _____ **FULL-TIME** _____ **PART-TIME** _____
DAY _____ EVENING _____

SIGNATURE OF EMPLOYEE

DATE

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

SIGNATURE OF EMPLOYEE'S DEPARTMENT HEAD

SIGNATURE OF CHIEF PERSONNEL OFFICER

DATE

DATE

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.