### Tuition Remission and Tuition Fees Policy for Benefited Employees

<table>
<thead>
<tr>
<th>Tuition for Full-Time Employees, Spouses and Children</th>
<th>Day ** MWCC</th>
<th>DCE* MWCC</th>
<th>Day ** Other</th>
<th>DCE* Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Full-time employees (includes AFSCME unit members. Non-unit Classified, Non-unit Professionals, Professional Staff Members &amp; Faculty (MCCC/MTA unit members.)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
</tr>
<tr>
<td>2. Full-time employees (AFSCME unit members only at Fitchburg State College.)</td>
<td>NA</td>
<td>NA</td>
<td>100%</td>
<td>50%</td>
</tr>
<tr>
<td>3. Spouses and dependent children of full-time employees (includes AFSCME unit members, Non-unit Classified, Non-unit Professionals, Professional Staff Members &amp; Faculty.)</td>
<td>100%</td>
<td>50%</td>
<td>100%</td>
<td>25%</td>
</tr>
<tr>
<td>4. Non-dependent children of full-time employees (AFSCME unit members only.)</td>
<td>100%</td>
<td>50%</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tuition for Pro-Rated Employees, Spouses and Children</th>
<th>Day ** MWCC</th>
<th>DCE* MWCC</th>
<th>Day ** Other</th>
<th>DCE* Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pro-rated employees.</td>
<td>100%</td>
<td>50%</td>
<td>50%</td>
<td>25%</td>
</tr>
<tr>
<td>2. Spouse and dependent children of pro-rated employees.</td>
<td>50%</td>
<td>25%</td>
<td>50%</td>
<td>25%</td>
</tr>
</tbody>
</table>

* Space available basis, DCE only.
** Any state-supported course or program at the undergraduate or graduate level at any Community College, State College, or University of Massachusetts excluding the M.D. program at the University of Massachusetts Medical School.

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### Fees

<table>
<thead>
<tr>
<th>Fees for Full-Time Employees, Spouses and Dependent Children</th>
<th>Day MWCC</th>
<th>DCE MWCC</th>
<th>Day*** Other</th>
<th>DCE*** Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Full-time employees.</td>
<td>100%</td>
<td>100%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2. Spouse and dependent children of full-time employees (includes Non-unit Classified, Non-unit Professionals, Professional Staff Members &amp; Faculty.)</td>
<td>50%</td>
<td>50%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>3. Dependent children of full-time employees (MCCC/MTA unit members only.)</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>NA</td>
</tr>
<tr>
<td>4. Non-dependent children of full-time employees (AFSCME unit members only)</td>
<td>0%</td>
<td>50%</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

*** Any state-supported course or program at the undergraduate level at any Community College.

*Fees may be waived at Mount Wachusett Community College if credits for coursework are part of an initial Associate degree or the course is directly related to the duties of the position.*

**PLEASE NOTE:** Tuition Remission shall apply to credit bearing as well as non-credit bearing courses and programs. Employees, spouses, and dependent children are responsible for the purchase of books and supplies and for payment of fees as indicated above. Non-credit courses which are subcontracted through an outside vendor are not eligible for 100% tuition remission for employees. MWCC employees are responsible to cover the costs associated with the outside vendor. However, the fee that MWCC adds to the outside vendor’s price will be waived.
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  

EMPLOYEE'S ID NUMBER  

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 ______  EVENING ______  

DAY ______  

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  

DATE  

SIGNATURE OF CHIEF PERSONNEL OFFICER  

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.
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 ________________

_________________________ Date ________________ Chief Personnel Officer (or Designee) ________________

_________________________ 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.

University of Massachusetts, Bursars Office, Revised 5/01

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