



TUITION REMISSION AND TUITION FEES POLICY FOR BENEFITED EMPLOYEES

TUITION FOR FULL-TIME EMPLOYEES, SPOUSES AND CHILDREN	DAY ** MWCC	DCE* MWCC	DAY** OTHER	DCE* OTHER
1. Full-time employees (includes AFSCME unit members Non-unit Classified, Non-unit Professionals, Professional Staff Members & Faculty (MCCC/MTA unit members.)	100%	100%	100%	50%
2. Full-time employees (AFSCME unit members only at Fitchburg State College.)	NA	NA	100%	50%
3. Spouses and dependent children of full-time employees (includes AFSCME unit members, Non-unit Classified, Non-unit Professionals, Professional Staff Members & Faculty.)	100%	50%	100%	25%
4. Non-dependent children of full-time employees (AFSCME unit members only.)	100%	50%	NA	NA

TUITION FOR PRO-RATED EMPLOYEES, SPOUSES AND CHILDREN	DAY ** MWCC	DCE* MWCC	DAY** OTHER	DCE* OTHER
1. Pro-rated employees.	100%	50%	50%	25%
2. Spouse and dependent children of pro-rated employees.	50%	25%	50%	25%

* 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.

FEES

FEES FOR FULL-TIME EMPLOYEES, SPOUSES AND DEPENDENT CHILDREN	DAY MWCC	DCE MWCC	DAY*** OTHER	DCE*** OTHER
1. Full-time employees.	100%	100%	NA	NA
2. Spouse and dependent children of full-time employees (includes Non-unit Classified, Non-unit Professionals, Professional Staff Members & Faculty.)	50%	50%	NA	NA
3. Dependent children of full-time employees (MCCC/MTA unit members only.)	50%	50%	50%	NA
4. Non-dependent children of full-time employees (AFSCME unit members only)	0%	50%	NA	NA

*** 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

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.



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 MASSACHUSETTS
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**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

 Chief Personnel Officer (or Designee)

 Date

 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