

## LECTURER 50% TUITION REMISSION APPLICATION<sup>1</sup>

*Return the completed form to [oulr@oulr.rutgers.edu](mailto:oulr@oulr.rutgers.edu)*

### Section A – Employee Information

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

### Section B – Eligibility

The following conditions govern eligibility for 50% tuition remission for Lecturers (formerly PTLs):

1. The Lecturer shall have taught two semesters within two consecutive academic years at Rutgers **and** a minimum of twelve (12) credits or 12 course hours;
2. If a Lecturer teaches a minimum of three (3) credits in a semester, he or she may be eligible to take no more than three (3) credits in that semester or the subsequent semester;
3. The Lecturer must be admitted to one of the undergraduate, graduate, or professional divisions of the university (matriculated or non-matriculated);
4. The Lecturer must be appointed as a Rutgers Lecturer as of the first day of class for the semester in which he or she is taking the course(s);
5. The Lecturer 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 Lecturer appointments you have held at Rutgers within the past **two consecutive academic years**, including any current Lecturer appointments. *If necessary, please attach a listing of additional Lecturer 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 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 Lecturer during Fall \_\_\_\_\_   Spring term(s) and has met eligibility to receive 50% tuition remission. I certify that the course the Lecturer proposes to take at 50% tuition remission is related to the subject matter of the courses the Lecturer has taught or will teach.

\_\_\_\_\_  
Department Head/Dean – Print Name \_\_\_\_\_  
Departmental Account Number

\_\_\_\_\_  
Department Head/Dean – Signature \_\_\_\_\_  
Date

### Section E – Office of University Labor Relations Use Only

Semester TR Earned	Semester TR Used

Approve  Deny By \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> Fully online degree programs are not eligible for any tuition remission benefits. Legacy UMDNJ courses/programs are not eligible for any tuition remission benefits.