



**Commonwealth of Massachusetts
Certificate of Eligibility for System Wide Tuition Remission
Higher Education Employees**

INSTRUCTIONS:

Complete Part I and II of this form and submit it with your tuition bill to the Community College, State College, or University at which you are enrolled.

PART I

CHECK ONE	Full-time employee
	Part-time employee (at least 50% time)

Employee Name: _____ Employee Hire Date _____

Social Security #: _____

Department: _____

College/University: **BERKSHIRE COMMUNITY COLLEGE**

Employee Status: Professional Classified

Collective Bargaining Unit (Union): _____
If none, indicate "no unit"

Signature of Employee _____ Date _____ Signature of Department Head/Date _____

PART II

Name of student using tuition remission/waiver: _____

Social Security #: _____ Semester: _____

Relationship of individual using tuition remission: spouse dependent child
(if other than employee)

PART III

The individual named in Part I is an employee of the Commonwealth of Massachusetts/College/University and meets all eligibility requirements for system wide tuition remission.

Director of Human Resources (or designee): _____ Date: _____

NOTE: This certificate is valid for 120 days after the date of signature by the Vice President for Human Resources. A new certificate must be completed for each semester of study. This certificate is not transferable.

Berkshire Community College is an affirmative action/equal opportunity institution and does not discriminate on basis of race, creed, religion, color, gender, gender identity, sexual orientation, age, disability, genetic information, maternity leave, military service, and national origin in its education programs or employment.