

JTS Tuition Exemption/Reduction Form



Please download, complete, and submit this form to the JTS registrar's office prior to the first day of each semester that you are requesting a tuition exemption.

PERSONAL INFORMATION

Last name: _____ First name: _____ M.I.: _____

Telephone: () _____ JTS ID number: _____

Email address: _____

JTS EMPLOYEE (check one):

Permanent full-time staff:

Self Child Spouse

Faculty:

Self Dependent child Spouse

Permanent part-time staff

Instructor or lecturer

Retired employee

NON-EMPLOYEE (check one):

JTS alumnus

Employee of affiliated organization

RA, CA, JEA, JTS Board of Trustees

Faculty at higher ed. institution

RS or CS spouse

Ramah director

Senior citizen (over age 65)

Student at local non-JTS college/university

Jewish Museum volunteer

OTHER (please explain):

PERMANENT, FULL TIME & PART TIME STAFF (please complete the following information):

Date hired (mm-yy): _____ Dependent's name (if applicable): _____

Signature of department supervisor: _____ Date: _____

COURSE INFORMATION

Year: 20____ Semester: Fall Spring Summer

Course #: _____ Section #: _____ Instructor: _____

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REGISTRAR'S OFFICE USE ONLY (please do not write below this line)

Application Fee _____ Registrar staff—please confirm eligibility with the appropriate office (check box when completed).

Service Fee _____ **Human Resources office:** JTS current and retired employees

TOTAL _____ **Provost office:** JTS Faculty

_____ **Registrar's office:** JTS students, JTS alumni, JTS board members, and all non-JTS eligible categories

_____ Tuition exception approval under guideline #:

_____ Registrar's office approval and signature: _____ Date: _____

_____ Submitted to bursar's office on this date: _____