JTS Tuition Exemption Form

JTS

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   ☐ Dependent child   ☐ Spouse

Full-time faculty:
☐ Self   ☐ Dependent child   ☐ Spouse

☐ Permanent part-time staff

☐ 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

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

Date hired (mm-yy): _____   Name of staff member and relationship to student (if applicable): _____

Signature of department supervisor: _____   Date: _____

COURSE INFORMATION

Year: 20____   Semester: ☐ Fall ☐ Spring ☐ Summer

Course #: _____   Section #: _____   Instructor: _____

Course #: _____   Section #: _____   Instructor: _____

Course #: _____   Section #: _____   Instructor: _____

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

TOTAL CHARGES: _____

Registrar staff has confirmed eligibility with the appropriate office (check box when completed).

Human Resources Office: ☐ JTS current and retired employees

Provost Office: ☐ JTS Faculty

Registrar's Office: ☐ JTS students, JTS alumni, JTS board members, and all non-JTS eligible categories

Tuition exemption approval under guideline #: _____

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

Submitted to Bursar's Office on this date: _____