



2024

Delayed Tuition Remission Waiver

***For Teaching Assistant Appointees only**

Per TAU Contract Article 11, section three

Delayed Use of the Tuition Remission Waiver. TAU unit members who are on appointments and do not use the full amount of their allotted credits of tuition remission during either of Fall/Spring semesters may defer the unused credits to the Summer I and/or Summer II session subsequent to the Fall/Spring semester in which the credits were granted.

- a. To qualify for delayed use of tuition remission credits, the Employee must meet the following conditions:
 - i. Hold an active appointment as a teaching assistant during the spring semester immediately prior to summer session/s for which delayed tuition remission is being sought.
 - ii. Be registered for the classes in the Summer I and/or Summer II term for which use of the delayed remission is sought, and
 - iii. Have submitted notification to the Graduate College at least 30 calendar days prior to the start of the session in which the Employee wishes to apply for use of delayed tuition remission (by use of the Graduate College-approved form of his/her intent to utilize delayed tuition remission credits).
- a. Regardless of appointment type, and regardless of when used, tuition remission (including delayed use of tuition remission) can only be used for classes that are part of the Employee's advisor-approved graduate program of study.

To receive delayed tuition remission:

- (1) Obtain a copy your permanent program of study, signed by your advisor.
- (2) Complete Delayed Tuition Remission Waiver form and obtain graduate advisor signature.
- (3) Submit Delayed Tuition Remission Waiver form along with a copy of your selection from item (1) to grad-awards@wmich.edu no later than: **Summer I -April 8, 2024 Summer II - May 29, 2024**
(form submission is the responsibility of the student; late forms will not be accepted)

****Tuition remission will be applied *after* drops/adds****

First Name

Last Name

Student WIN#

Degree Program

Name of Graduate Advisor

SUMMER I	CRN #	DEPARTMENT	COURSE #	# CR. HRS.
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SUMMER II	CRN #	DEPARTMENT	COURSE #	# CR. HRS.
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***for office use only**

Using _____ Cr. Hrs. S1

S1 \$ _____

Fund Code(s) _____

Using _____ Cr. Hrs. S2

S2 \$ _____

Fund Code(s)_____

I certify that the courses listed here will be used as part of the appointee's advisor-approved graduate program of study.

Graduate Advisor (signature) _____

Date _____

Student (signature) _____

Date _____

Graduate College (signature)_____

Date _____