



Tuition Reimbursement Authorization

ROUTING

1st: Records, MSC 3AR
records@nmsu.edu
Phone 646-3411

2nd: UAR, MSC 4570
uar@nmsu.edu
Phone 646-4911

For Air Force/Army ROTC Affiliated Employees working .5 FTE or more

Graduate Students, temporary or occasional employees are not eligible

This form is to be used by Air Force/Army ROTC Personnel (faculty and staff) assigned to NMSU to seek reimbursement for tuition and required fees at the end of each semester.

SECTION 1: REQUESTOR INFORMATION

Name (Last, First, Middle Initial): _____ Banner ID: _____

Department (select one): Aerospace Studies Military Science E-Mail: _____ Daytime Phone #: _____

Semester Applying for: Year: _____ Session: _____

SECTION 2: REQUEST DETAILS

Course Information

Course Designator	Course Number	Credit Hours	Class Meeting Days	Class Meeting Time	Course Title
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SA <input type="checkbox"/> SU		
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SA <input type="checkbox"/> SU		
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SA <input type="checkbox"/> SU		
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SA <input type="checkbox"/> SU		

SECTION 3: REQUESTOR APPROVAL

I certify that I have completed the courses listed above, received a grade, and am entitled to reimbursement in accordance with the Air Force/Army ROTC Tuition Remission Program. I further certify that payment for this reimbursement has not yet been received. Additionally, as part of that program, I understand I am responsible for the following:

- Any taxes owed for classes as determined by IRS rules.
- Payment for all remaining balances after the reimbursement has been applied to my student account.

Affiliated Employee

Printed Name: _____ Signature: _____ Date: _____

Aerospace Studies Department Head or Military Science Department Head

Printed Name: _____ Signature: _____ Date: _____

SECTION 4: OFFICIAL APPROVAL

Verification of Course Completion

Number of Hours Completed to be Reimbursed (not to exceed six per fall/spring semester or eight during summer semester): _____ CR

Registrar

Printed Name: _____ Signature: _____ Date: _____

Verification of Reimbursement

Eligible Reimbursement Amount (tuition and required fees for applicable completed hours): Tuition: _____ Fees: _____

Accounts Receivable

Printed Name: _____ Signature: _____ Date: _____

SECTION 5: FOR OFFICE USE ONLY

<input type="checkbox"/> Tuition Index _____ - 505141	<input type="checkbox"/> Added to 1099 Listing
<input type="checkbox"/> Fee Index _____ - 505201 Date: _____	I # assigned: _____ Date: _____