

University of Rochester
Tuition Benefits Plan

TUITION BENEFITS SERVICE CREDIT FORM

At the University of Rochester, the service requirement for the tuition benefits plan may be met by service at another college, university, or U of R affiliated teaching hospital that offered a tuition benefit plan for which the faculty or staff member was eligible.

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Name \_\_\_\_\_ Employee I.D. #: \_\_\_\_\_

I hereby certify that I was previously employed by the following college(s), university(s) or U of R affiliated teaching hospital(s) where I was eligible for a tuition benefit plan which covered (check all that apply):

- \_\_\_\_\_ Myself
- \_\_\_\_\_ Spouse
- \_\_\_\_\_ Dependent Children

| <u>Name of Institution</u> | <u>Dates of Service</u> |           | <u>Type of Service</u><br>(Full-time or Part-time) |
|----------------------------|-------------------------|-----------|----------------------------------------------------|
|                            | <u>From</u>             | <u>To</u> |                                                    |
| _____                      | _____                   | _____     | _____                                              |
| _____                      | _____                   | _____     | _____                                              |
| _____                      | _____                   | _____     | _____                                              |
| _____                      | _____                   | _____     | _____                                              |

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**NOTE: Forms must be received no later than 30 days after the start of the course**