



**Supervisor Certification  
For  
Non-taxable Graduate Tuition Remission**

This is to confirm that \_\_\_\_\_ is enrolled at  
**Employee Name & UID**

\_\_\_\_\_ for their own education in the  
**Institution**

\_\_\_\_\_ program at the graduate level for the calendar  
**Degree Program**

year of \_\_\_\_\_,      Fall      Winter      Spring      Summer I      Summer II and the

course(s) qualify as a “working condition fringe benefit” which means (**initial one**):

\_\_\_\_\_ The course(s) are required by law or the institution in order to maintain employment; **OR**

\_\_\_\_\_ The course(s) will maintain or improve the skills required for current employment  
**AND** The course(s) will not qualify for the minimum educational requirements of the  
position **AND** the course(s) will not qualify the employee for a new trade or business.

I hereby solemnly affirm that the information stated above is true and accurate.

\_\_\_\_\_  
**Supervisor or Department Head Signature**

\_\_\_\_\_  
**Department, College or School**