



**Benefit Services**  
New Mexico State University  
MSC 3HRS, Box 30001  
Las Cruces, NM 88003-8001  
Phone: (575) 646-8000  
Fax: (575) 646-2806

# Tuition Remission Benefit Authorization Form

**Fall 2025--NMSU Retirees**

Eligible NMSU retirees will be eligible for this benefit. Only tuition and required fees included in the tuition rate will be covered by this benefit. Retirees are responsible for payment of any general or additional fees incurred as part of registration in the class(es). Please see ARP 8.12 and 8.61. **A new form must be completed for all changes in class schedule(s). This form is only valid for the semester listed above. Deadline for submission: November 1, 2025.** Exceptions to the deadline are not accepted.

<b>1. Retiree Information (please print)</b>		
Name (Last, First, Middle Initial)	Date of Retirement (mm/dd/yy)	Aggie ID
Mailing Address	City, State, Zip	Daytime Phone # (xxx-xxx-xxxx)

<b>2. Spouse/Domestic Partner Information – required only if the spouse/domestic partner is using the benefit</b>		
Name (Last, First, Middle Initial)	Aggie ID	Is your Spouse/Domestic Partner an NMSU Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Person Using Benefit:</b> <input type="checkbox"/> Retiree <input type="checkbox"/> Spouse* <input type="checkbox"/> Domestic Partner* *Acceptable dependent eligibility documentation must be on file with NMSU Benefits office * * <b>Note: if the spouse or domestic partner of the retiree is using the benefit, the retiree cannot use the benefit for that session.</b>  <b>Form Type:</b> <input type="checkbox"/> New Request <input type="checkbox"/> Schedule Change
--

<b>Course Information (must reflect all classes enrolled in for the session listed above)</b>					
Course Designator	Course Number	Credit Hours	Class Meeting Days <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	Class Meeting Time	Course Title
Course Designator	Course Number	Credit Hours	Class Meeting Days <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	Class Meeting Time	Course Title
Course Designator	Course Number	Credit Hours	Class Meeting Days <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	Class Meeting Time	Course Title
Course Designator	Course Number	Credit Hours	Class Meeting Days <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	Class Meeting Time	Course Title

## Benefit Taxability

**Under the provisions of IRS Code Section 127, the value of employee fee waivers may be considered taxable income.**

<b>1. Has the individual using the benefit completed a bachelor's degree?</b> <input type="checkbox"/> Yes (answer applicable Question 2 below) <input type="checkbox"/> No	
<b>2. Retiree:</b> If this class is not part of a degree program, is it related to a hobby, game or sport? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>2. Spouse/Domestic Partner:</b> If you have completed a bachelor's degree, could this class be part of a graduate degree program? <input type="checkbox"/> Yes <input type="checkbox"/> No

**I certify the above information is correct. I also understand I am responsible for the following:**

- Any taxes determined owed for classes as determined by IRS rules. See <https://benefits.nmsu.edu/other/tuition-tax.html> for more information.
- Payment for all remaining balances after the benefit has been credited to my or my dependents' student account.
- Supplying true and accurate information requested by Benefit Services to determine my or my dependents' eligibility for benefits.

<b>Employee Signature</b>	<b>Date</b>	<b>Department Head/Manager Signature</b>	<b>Date</b>
		<b>*Signature required if Retiree is currently employed with NMSU</b>	
<b>Benefit Services</b>	<b>Date</b>	<b>Accounts Receivable</b>	<b>Date</b>

## For Office Use Only:

<b>For Treasury Services Office use only:</b>	
<input type="checkbox"/> Course is taxable	<input type="checkbox"/> Course is non-taxable

Benefit Eligible?
<input type="checkbox"/> Yes <input type="checkbox"/> No

Tuition Cost Waived
\$