



SACHEM Tuition Waiver Program

(the Southeastern Association for Cooperation in Higher Education in Massachusetts)

Certificate of Eligibility

Employee Name (*Print*): _____

Date of hire: ____ / ____ / ____ **Department:** _____

Position: staff Bargaining unit administrator faculty

Full-time employee: calendar year academic year

Host Institution (*school where up to two classes per semester will be taken*):

Bridgewater State Bristol Community College Cape Cod Community College
 Dean College Wheaton College UMASS/Dartmouth
 Massasoit Community College Massachusetts Maritime Academy

Semester/Term: _____

Courses to be taken:

_____ Graduate Course? __YES __NO

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As the employee/SACHEM applicant I agree to abide by the regulations affecting this program. I fully understand that the SACHEM program provides tuition remission only and that I will be fully responsible for all other related fees and expenses relating to enrollment at the host institution. I also understand that tuition remission benefits may be subject to taxation as an employee benefit at Stonehill College in accordance with the Federal IRS tax code.

Employee Signature

Date

Approved certification of eligibility at Stonehill College by:

Human Resources Representative

Office number: (508) 565-1105

Date