

County College of Morris

TUITION WAIVER

CCM Course Work

Department #: ____- ____- 9250

☐ Employee☐ Spouse☐ *Child: Year of Birth ____

*Defined as a dependent in the bargaining contract

☐ FACCM☐ CASS☐ MGMT☐ AAPF☐ CCMSA☐ P/T☐ Adj/Adj II (teaching this semester) ☐ Yes ☐ No**PLEASE REFER TO APPROPRIATE CONTRACT OR BOARD POLICY FOR LIMITS ON TUITION WAIVERS**

Please use a separate Tuition Waiver form for each selection below:

Summer: ☐ 5WE ☐ 8W ☐ 5WL ☐ 3W ☐ Fall FY ____ ☐ Winter FY ____ ☐ Spring FY ____☐ College for Kids ☐ CPP

| | | | | |
|---------------------------|--|--|----------------|--|
| Employee Name: | | | Employee ID #: | |
| Employee Position / Dept. | | | Hire Date: | |
| Name of Student: | | | Student ID #: | |

I hereby apply for tuition waiver (which does NOT cover books, fees or additional costs) for the following courses:

| Section # | Course Title | Credits | Non Credit Course | HR Approved |
|-----------|--------------|----------------------|----------------------|--------------------------|
| 1. _____ | _____ | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 2. _____ | _____ | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 3. _____ | _____ | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 4. _____ | _____ | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 5. _____ | _____ | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |

TOTAL CREDITS REQUESTED:

Total Approved by Human Resources:

Previously Requested Since July 1:

By signing below, I understand I am responsible for any fees and other charges that may apply to the courses selected above. In order to avoid late fees, payment **MUST** be made upon registration for Non Credit courses and by due dates for credit courses.

Any schedule changes will require a new waiver form to be completed.

Employee Signature

Date: _____

Approved – Dept. Head (for employee's courses ONLY)

Date: _____

Approved - Human Resources

Date: _____

Director, Assoc. Director, or Benefits Mgr.