

UNEMPLOYMENT TUITION WAIVER REQUEST FORM

STUDENT'S NAME: _____ CCM SID #: _____
(Last) (First)

ADDRESS: _____

PHONE NUMBER: _____ EMAIL (optional) _____

AS AN UNEMPLOYED STUDENT YOU MAY BE ELIGIBLE TO TAKE COURSES TUITION FREE* AT COUNTY COLLEGE OF MORRIS PROVIDED YOU FOLLOW THE PROCEDURE BELOW:

1. IF you have not previously applied to the County College of Morris, you must **submit a completed application to the [ADMISSION OFFICE](#), which is located in the STUDENT COMMUNITY CENTER (SCC) Room 212**, and ensure that all related requirements are fulfilled.
2. **Tuition Waiver students may not register for a class until the 1st day of the semester/session.** That day you must provide a letter of eligibility (NJES-8) from the [Department of Labor](#) to the College. That eligibility form must not be dated earlier than 30 days prior to registering for the class (es), and it must be attached to this form.
3. All tuition waiver students seeking a tuition free waiver are responsible for filing the **Free Application for Federal Student Aid (FAFSA)** and once filed, bring this form to the [FINANCIAL AID OFFICE](#) (SCC 210).
 To apply logon: <http://www.fafsa.ed.gov> (include CCM Federal School Code: 007106 prior to online submission). **Students enrolled in non-credit courses are not eligible to participate in the unemployment tuition free waiver program.**
4. Once the above steps (1 to 3) have been completed, **submit this form with your unemployment eligibility letter and any other necessary documentation, including your fees payment to the [BURSAR OFFICE](#) (SCC 225).**

*The student is responsible for the payment of all fees (such as college fees, technology fees, registration fees, and course /lab fees, out of county and out of state differential fees). The student is also responsible for payment of books and/or course materials.

Only the in-county tuition will be waived. If you reside outside of Morris County, the out of county tuition will be waived only if you bring a letter from your county college of residence verifying that the courses you plan to take are not being offered at your county college of residency.

I further understand that by signing below, I am acknowledging that I have read and understood all of the above information and my responsibilities.

 Student's Signature _____
 Date

| FINANCIAL AID OFFICE USE ONLY** | |
|--|--|
| <input type="checkbox"/> | APPLIED FOR FINANCIAL AID*. <small>(FSA Processed FAFSA confirmation made)</small> |
| <input type="checkbox"/> | NOT ELIGIBLE FOR FINANCIAL AID. <small>(NSAP, Default, Non-Matriculated, Inelig.Cert.Prog.)</small> |
| FAA SIGNATURE _____ | DATE _____ |

| BURSAR OFFICE USE ONLY | |
|-------------------------------|-------|
| SEMESTER: | _____ |
| DATE: | _____ |
| SESSION: | _____ |
| AMOUNT USED: | _____ |
| SIGNATURE: | _____ |