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 semester below:  Fall FY        Winter FY        Spring FY        Summer Session:        Non-Credit |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  | 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.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Date: |  |

Employee Signature

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Date: |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Date: |  |

Approved - Human Resources

Director, Assoc. Director, or Benefits Mgr.