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 |  | NonCredit 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.