214 Center Grove Road,
Randolph, NJ 07869-2086

UNEMPLOYMENT TUITION WAIVER REQUEST

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

UNEMPLOYED STUDENTS 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 met.

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). Proof of filing must be received by our office.** To apply logon: http://www.fafsa.ed.gov *(include CCM Federal School Code: **007106** prior to online submission).*

   Attention: Non-credit courses are not eligible to participate in the unemployment tuition free waiver program.

4. Once the above steps *(1 to 3)* are completed, **submit this form and your unemployment eligibility letter and any other necessary documentation, including your CCM tuition fees payment to the BURSAR OFFICE** (*SCC 225*).

UNDERSTANDING AND CERTIFICATION OF AGREEMENT:

*Waiver students are 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***	*BURSAR OFFICE USE ONLY*
☐ APPLIED FOR FINANCIAL AID*. *(FSA Processed FAFSA confirmation made)*	SEMESTER: _____
☐ NOT ELIGIBLE FOR FINANCIAL AID. *(NSAP, Default, Non-Matriculated, Inelig.Cert.Prog.)*	DATE: _____
FAA SIGNATURE _____ *DATE* _____	SESSION: _____
	AMOUNT USED: _____
	SIGNATURE: _____