

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.

Employee Signature

Date: _____

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

Date: _____

Approved - Human Resources

Date: _____

Director, Assoc. Director, or Benefits Mgr.
 Tuition Waiver: CCM Coursework – Eform – Rev. 06-2020