



Career & Community Studies Dependent Tuition Waiver Application

The College of New Jersey

Instructions: Complete this form and present in person to the Office of Human Resources, along with the required proof of familial relationship and dependency, as detailed in the Career & Community Studies Dependent Tuition Waiver Program Guidelines.

(<http://www.tcnj.edu/~hr/benefits/tuition/DependentTuitionWaiverProgramGuidelines.htm>).

Employee Name Employee ID # *6 digit Number Found on Check or in YESS*

Dependent Name Dependent's Date of Birth

FAFSA Completed: <input type="radio"/> Yes <input type="radio"/> No	Enrolled as Undergraduate: <input type="radio"/> Yes <input type="radio"/> No	Academic Year <input type="text"/>
		Semester <input type="text"/>

I certify that the information presented in and with this application is accurate and understand that falsification of documentation or representation will result in disciplinary action.

Employee Signature Date

I understand that by signing this application, I authorize release of information related to my academic progress, financial aid awards, and tuition waiver amounts to the above signed employee.

Dependent Child Signature Date

Office of Human Resources Use Only

Eligibility: Yes No NJ Resident
If No, specify Employee FTE Tuition Waiver %

Authorized by Date

Career & Community Studies Program

Acct Code 22-03-1200-E1232-58300

Authorized by Date

Office of Student Financial Services Use Only

Eligibility: Yes No
If No, specify Tuition Waiver Amount # of Credits

Authorized by Date