



The College of New Jersey

AFT Spouse/Civil Union Partner Tuition Waiver Program Application

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 AFT Spouse/Civil Union Tuition Waiver Program Guidelines

(<http://hr.pages.tcnj.edu/files/2010/11/AFT-Spouse-Civil-Union-Partner-Tuition-Waiver-Program-Application-5.25.12.pdf>)

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

AFT Spouse/ Civil Union Partner Name AFT Spouse/Civil Union Partner's Date of Birth

FAFSA Completed: Yes No

Enrolled as Undergraduate: Yes No

Semester Academic Year

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.

AFT Spouse/Civil Union Partner Signature Date

Eligibility: Yes No Resident

Office of Human Resources Use Only

NJ

If No, specify

Employee FTE

Tuition Waiver %

Authorized by HR

Date

Eligibility: Yes No

Office of Student Financial Services Use Only

If No, specify

Tuition Waiver Amount

of Credits

Authorized by

Date