



# The College of New Jersey

## Dependent 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 Dependent Tuition Waiver Program Guidelines

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

Employee Name	<input type="text"/>	Employee ID #	<input type="text"/>	<i>6 digit Number Found on Check or in YESS</i>
Dependent Name	<input type="text"/>	Dependent's Date of Birth	<input type="text"/>	
FAFSA Completed: <input type="radio"/> Yes <input type="radio"/> No		Enrolled as Undergraduate: <input type="radio"/> Yes <input type="radio"/> 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	<input type="text"/>	Date	<input type="text"/>
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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	<input type="text"/>	Date	<input type="text"/>
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Eligibility:  Yes    No

### Office of Human Resources Use Only

NJ Resident

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