



# Career & Community Studies Dependent Tuition Waiver 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 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
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Academic Year

Semester

**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

If No, specify

Employee FTE

Tuition Waiver %

NJ Resident

Authorized by

Date

### Career & Community Studies Program

Acct Code 22-03-1200-E1232-58300

Authorized by

Date

Eligibility:  Yes  No

### Office of Student Financial Services Use Only

If No, specify

Tuition Waiver Amount

# of Credits

Authorized by

Date