



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://www.tcnj.edu/~hr/AFT_Spouse_CU_Tuition_Waiver.htm)

Employee Name	<input type="text"/>	Employee ID #	<input type="text"/>	6 digit Number Found on Check or in YESS
AFT Spouse/ Civil Union Partner Name	<input type="text"/>	AFT Spouse/Civil Union Partner's Date of Birth	<input type="text"/>	
FAFSA Completed:		Enrolled as Undergraduate:		
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No		
Semester	<input type="text"/>	Academic Year	<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	<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.

AFT Spouse/Civil Union Partner Signature	<input type="text"/>	Date	<input type="text"/>
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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