



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: _____ Employee ID # 6-digit Number Found in Oracle.

Dependent Name: _____ Dependent'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.

Dependent Child Signature _____ Date:

Eligibility: ☐ Yes ☐ No

If no then specify:

Office of Human Resources Use Only

☐ NJ Resident

Employee FTE:

Tuition Waiver %:

Date:

Authorized by HR: _____

Eligibility: ☐ Yes ☐ No

If No, specify:

Office of Student Financial Services Use

Tuition Waiver Amount: # of Credits:

Authorized by: _____

Date:

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