

# D U T C H E S S COMMUNITY COLLEGE

## APPLICATION FOR TUITION WAIVER

Employee Name: \_\_\_\_\_ A#: \_\_\_\_\_

Student Name: \_\_\_\_\_ A#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Number of Credit Hours: \_\_\_\_\_ Semester of Attendance (Term & Year): \_\_\_\_\_

1. The waiver applies only to tuition, not to fees.
2. The student is not guaranteed placement into a particular course or section.
3. After authorization by the Human Resources Office, a copy is to be presented to the Registrar's Office at the time of registration.
4. THE STUDENT MUST GO THROUGH THE NORMAL REGISTRATION PROCESS, FILL OUT ALL REGISTRATION FORMS, AND SUBMIT PAYMENT OF FEES BY THE NORMAL DEADLINES TO AVOID CANCELLATION OF CLASS SEATS.
5. Part-time students must apply for APTS (Aid to Part-Time Study). Full-time students must apply for TAP. Applications for both are available in the Financial Aid Office. A copy of the approved waiver should be submitted to the Financial Aid Office.

I hereby certify that the above-named student is eligible for participation in the program pursuant to the Collective Bargaining Agreement. Furthermore, I certify that the individual claimed as a dependent meets all relevant IRS criteria to qualify as a dependent.

\_\_\_\_\_  
Employee Signature Date Student Signature Date

\_\_\_\_\_  
Human Resources Office Date

Original: Human Resources    Copies: Registrar's Office    Financial Aid Office  
   Student Accounts Office    Student