D U T C H E S S COMMUNITY COLLEGE

APPLICATION FOR TUITION WAIVER

Employee Name:				A#:	
Student Name:				A#:	
Date of Birth: R			elationship:		
Numb	er of Credit Hours:	_ Semester of	Attendance (Ter	rm & Year):	
1.	The waiver applies onl	y to tuition, n	ot 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.				
pursua	oy certify that the above nt to the Collective Bar aimed as a dependent m	gaining Agree	ment. Furtherm	ore, I certify that th	ne indivi-
Emplo	yee Signature	Date	Student Signatu	ire	Date
Huma	n Resources Office	Date			
Origina	al: Human Resources	Copies: Regist	rar's Office	Student/Employe Student Financial	