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 Student/Employee
Student Financial Services

REV. 5/01/2020
EC/mg