

HUDSON COUNTY COMMUNITY COLLEGE ADJUNCT TUITION REDUCTION/WAIVER REQUEST



INSTRUCTIONS: Adjunct faculty who are currently employed for nine (fall/spring) semesters or more and their immediate family (spouse and legal dependents) may be granted 100% tuition waiver for any credit course, as well as selected continuing education courses offered by the College. Adjunct faculty who are currently employed for four to eight semesters may be granted 50% tuition reduction. In all cases, course enrollment is contingent upon seat availability after regular students have registered. Documentation for family member may be required for initial application.*

NOTE: *The adjunct faculty member is responsible for any assessment and/or lab fees, cost of textbooks any other required course materials or applicable fees.*

Date: ___/___/___

Name of adjunct faculty requesting HCCC tuition reduction/waiver:

Last name First name Middle initial CWID

Division/Department: _____

Number of semesters at HCCC: ___ 4-8 (50% tuition reduction) ___ 9 or more (full tuition waiver)

Person for whom tuition reduction/waiver is being requested: ___ self ___ spouse ___ legal dependent

Last name First name Middle initial CWID (if applicable)

Maximum two courses or six credits per semester/summer session per family; four courses or twelve credits per year, summer sessions included), Course(s) for which tuition reduction/waiver is being sought:

Course number & section	Course Title	Credit Hours	Semester

I understand the terms under which I and/or a member(s) of my immediate family* qualify for HCCC tuition reduction/waiver, and certify that all of the requirements have been met.

Adjunct faculty signature _____ Date ___/___/___

Division Dean/Director: _____ Date: ___/___/___

Chief Academic Officer or Designee _____ Date: ___/___/___

Human Resources: _____ Date: ___/___/___