

# Employee/Dependent Tuition Waiver



## Conditions for tuition waiver:

1. Full time employees, their spouse and dependents may take courses at the College tuition free, inclusive of fees, provided space is available. (**Waiver must be submitted within (8) Calendar Days of the first day of class**)
2. Full time employees, their spouse and dependents, may take courses at the Culinary Arts Institute tuition free, excluding fees and uniforms, provided space is available.
3. Full time employees, their spouse and dependents, may take courses for the Nursing Program tuition free, excluding fees and uniforms, provided space is available.

## **Office of Human Resources**

70 Sip Avenue, 3<sup>rd</sup> Floor

Jersey City, NJ 07306

201-360-4070

Fax 201-714-2509

## Please Fill Out

Enrollment: ☐ Self ☐ Dependent ☐ Spouse/Domestic Partner

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ Semester of Application: \_\_\_\_\_

Dependent's Name: \_\_\_\_\_ Relationship & ID Number: \_\_\_\_\_

	Course Name	Credits	Course Start Date	Course Schedule (Day & Time)
1.				
2.				
3.				
4.				
5.				

Degree you/dependent wish to obtain: \_\_\_\_\_

*I understand that approval of this application is subject to availability of space in the class. I also understand that I should not assume the approval of this form until I have received an approved copy from the Human Resources Department.*

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## APPROVALS SECTION:

1. Immediate Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

2. Controller: \_\_\_\_\_

Date: \_\_\_\_\_

3. Human Resources: \_\_\_\_\_

Date: \_\_\_\_\_