



New Jersey City University
Employee Request for Tuition Waiver

Name	Date
Department	Employee Id
Extension	Semester

I have read and fully understand the terms and conditions of the New Jersey City University Tuition Waiver policy, and agree to comply with the regulations of the policy. By signing below, I also certify that I have not, nor will I receive tuition or scholarship assistance for the semester in which this waiver is approved, other than the New Jersey City University Tuition Waiver Program.

Signature

<u>Course Name</u>	<u>Course Number</u>	<u>Credits</u>	<u>Days</u>	<u>Time</u>

The following signatures indicate that the above employee has complied with the rules and regulations of the Tuition Waiver Policy.

<u>Print Name</u>	<u>Signature</u>	<u>Date</u>
Department Head		
Financial Aid Office		
Human Resources		

Graduate Students: *Please be advised that as mandated by the IRS, amounts of tuition and fees in excess of \$5,250 are subject to taxation in the calendar year in which the expense is incurred.*