

Name (Print):					
Address:			City:	Zip Code:	
E-mail:			(mandatory) Tel. #:		
Please read and o	heck off each o	of the following Terms and Co	nditions (carefully) t	o participate:	
You are only eligib	le to register on	a space available basis:			
	□ <u>Undergradua</u> t	ate and Graduate Students on or	after January 20, 20 2	22	
bring your	locuments and			ne bottom of this contract. After this is completed submitted on the day of registration. <u>ANY</u> waiver	
		ust be dated no earlier than 3 ate courses approved by an Une		first day of classes . The back of the waiver must be:	
☐ A new waiver s	igned by an une	employment counselor must be s	submitted for <u>each</u> ser	nester that you will be attending.	
☐ You understand	that it is <u>your re</u>	r <u>esponsibility to pay</u> the following	g fees (if applicable)		
	2. 0 3. 0 4. G 5. La 6. e- 7. T 8. S 9. S	Registration Fee (\$20) ** Drientation Fee (\$50) *** Dne Time Transcript Fee (\$25) ** Graduation Clearance Fee (\$100) Lab and Material Fees (\$10-\$150) Teacher Course Materials Fee (\$95) Teacher Certification Fees (Fee V Student Teaching Junior Practicu Student Teaching Senior Field In Student Insurance Plan (\$1,321)) and up) Jaries) Im Fee (\$65) ternship Fee (\$150)		
Undergraduate			ral Student Aid (FAFS	SA) on file at NJCU for the corresponding semester	
☐ The University	vill not permit p	participation in the Unemploymo	ent Waiver program if	f a student owes a past due balance on their account.	
☐ The Unemployn	nent Tuition Wai	niver will be reduced by any gran	t or scholarship funds	s (i.e. Pell, TAG) credited to the student account	
	ınds) from Fina			Financial aid is credited to the student account. Crediclear prior balances before any refund is issued. N	
☐ I understand th has been appl		ing loans and I am eligible to rec	eive a refund, I will re	eceive my refund only after my unemployment waive	
study aboard prodent basis are <u>no</u>			stitutions, or course	s where faculty/other institutions are paid on a p	
ease note that if	ou register for	r classes prior to your designa		t Waiver registration date, you will forfeit your i	
		ning of each semester stated a not be waived/cancelled/remo		ey Administrative Code Title 12 Chapter 23	
				tion Waiver policy and agree to comply with said policy t from my waiver being rescinded based on the criteri	
Stu	dent's Signat	ture:		Date:	
Fin	ancial Aid Si	ture: ignature:		Date:	