

SEMESTER/SESSION _____

YEAR _____

WAIVER # _____

MONROE COMMUNITY COLLEGE EMPLOYEE TUITION WAIVER

EMPLOYEE NAME _____ Hire Date: _____
(Please Print)

DEPARTMENT NAME _____ ORG # _____

- Please read and complete the section below that applies to you. Submit all copies with approvals to the Registration & Records Office along with your completed registration form. This tuition waiver applies to tuition charges only. You must be employed by the College on the first day of the semester to use this tuition waiver. Please pay your fees at the Student Accounts Office before the start of the term. A failure to pay student fees may result in the denial of future tuition waivers.
- Employees may seek tuition waivers for dependents pursuant to Article 49 of the FA collective bargaining unit. Employees who seek tuition waivers for individuals who do not meet the IRS definition of dependent may be required to report the value of the tuition waiver as income on the employee's or the dependent's tax return. Please see the "MCC Dependent Tuition Waiver Eligibility" form for the IRS definition of qualified dependent.
- This waiver duplicates the benefits of TAP (Tuition Assistance Program) and APTS (Aid to Part-Time Students) and, therefore, makes the student ineligible for these awards.

ADJUNCT FACULTY

In accordance with Article 32, Section F, of the current contractual agreement, I am requesting a tuition waiver for one course for myself.

Course Title: _____ Course #: _____

By my signature below, I certify that I have been teaching at the College for at least one semester.

Employee's Signature: _____ Banner ID: _____

FACULTY ASSOCIATION MEMBERS/ADMINISTRATIVE STAFF

In accordance with Article 49 of the current contractual agreement, I request a tuition waiver for myself, spouse, domestic partner, dependent child/stepchild, retired faculty or their spouse (**circle one**). By my signature below, I attest that I understand that there may be tax consequences for me or my dependent if the individual for whom I am seeking a tuition waiver does not meet the IRS definition of a qualified dependent. I understand that I am responsible for determining the taxability of the waiver.

Student's Name: _____ SS#: _____

(Student's DOB, if dependent child: _____)

- Contract
 Non-contract

Employee's Signature: _____ Date: _____

CSEA MEMBER/SUPPORT STAFF NOTE: I understand that this request must be made five (5) weeks prior to the beginning of class for state aidable courses on a seat available basis.

I request a tuition waiver for myself, spouse, domestic partner, dependent children dependent stepchild, dependent children and step-children of domestic partner (**circle one**). By my signature below, I attest that the individual for whom I am seeking the tuition waiver is myself or meets the definition of a qualified dependent under the Internal Revenue Code.

Student's Name: _____ SS#: _____ Student's DOB,
if dependent child: _____

Employee's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

If denied, state reason:

Human Resources Authorization

Total Tuition: _____

Fees: _____

Other charges: _____

Distribution:

White – Registration & Records

Green – Bursar

Yellow – Human Resources

Pink – Financial Aid

Goldenrod – Employee