



**COLLEGE COURSE REQUEST**  
**Bergen Community College Tuition Waiver Program**

Employee Name: \_\_\_\_\_  
Last First Middle Initial

Home Address: \_\_\_\_\_  
City State Zip Code

Social Security #: XXX - XX - \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

I understand that:

1. I am to register on the date specified by the College as County Employee Registration day and that any registration made prior to that day will not be recognized for the tuition waiver.
2. This waiver is valid for six (6) credits of tuition only. Any fees (general, course, special processing) will be my personal responsibility.
3. Any tuition refunds resulting from my withdrawal from waived classes shall be returned to the County account.

I certify that:

1. I have been employed, on a full time basis by the County of Bergen for at least six (6) months
2. The time of the Bergen Community Course(s) I plan to attend for this semester does not conflict with my approved work schedule.

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

*Division of Personnel Certification:*

*Ralph W. Kornfeld, Director of Personnel:* \_\_\_\_\_ Date: \_\_\_\_\_