

COLLEGE COURSE REQUEST BERGEN COMMUNITY COLLEGE TUITION WAIVER PROGRAM

Emple	oyee Name: Last	First	Middle Initial
Home	Address:	· · · · · · · · · · · · · · · · · · ·	
Social Security #: X X X - X X			
Date	of Hire:	Hours Per Week:	-
l unde	erstand 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 (6) credits of tuition only. Any extra 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-t	ime 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: Ellen Busteed, Acting Personnel Director			