



CWID _____ Last Name: _____ First Name: _____ NJCU Email: _____
 Employee Status: _____ Job Title: _____ Supervisor: _____ Phone Ext.: _____
 Year: _____ Semester: _____ Degree: _____ College: _____

TUITION WAIVER INFORMATION FOR EMPLOYEES (COPY OF COURSE DESCRIPTION MUST BE ATTACHED)

To be completed by Employee – Education Objective – Individual Courses

Course Title	Course #	Meeting Days	Meeting Time	Credits

To be completed by Employee’s in Graduate Level Courses ONLY

I believe that the graduate level course(s) listed above may be excluded from my gross income under section 162 of the Internal Revenue Code, I certify these courses*:

- (1) Maintain or improve skills required in my employment Yes No
- (2) Meet the express requirements of my employer, or the requirements of applicable laws or regulations, imposed as a condition of retaining my job, status, or rate of pay. Yes No
- (3) Are required to meet the minimum educational requirements. Yes No
- (4) Will qualify me for a new trade or business. Yes No

*To qualify for income exclusion, a “yes” answer is required for both statement (1) or (2), and a “no” answer is required for both statements (3) and (4).

Employee and supervisor certification –To be completed by the Employee and Supervisor.

I hereby certify that all of the courses I am taking this term meet the IRS definition of job related as defined in Treasury Regulation Section 1.162.5. I also understand that the above courses are not job related, I am responsible for any assessed taxes and penalties.

Employee’s Signature: _____ Date: _____

I certify that I am this employee’s supervisor or department head, that this form is accurately completed, and that the course or program is job related as defined by the IRS, to the best of my knowledge. I certify that I have compared the description(s) of the course(s) listed above with the employee’s job description and agree with the representations above.

Supervisor’s Signature: _____ Date: _____

I certify that the above answers are accurate. I have read and accept the terms and conditions of the Tuition Waiver Policy and Taxability of Tuition Waiver for Employees.

Employee’s Signature: _____ Date: _____

Please print and sign your name below

Supervisor’s Signature: _____ Date: _____

Financial Aid Office Approval: _____ Date: _____

Human Resources Approval: _____ Date: _____