



New Jersey City University	University Academy Charter High School Employees Request for Tuition Waiver
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Please read the rules and regulations governing the Tuition Waiver Policy prior to enrolling for any course.

Name: _____

Title: _____

Social Security Number: _____

Department Assignment: _____

I have read and fully understand the terms and conditions of New Jersey City University/University Academy Charter High School Tuition Waiver Policy and agree to comply with said policy.

Signature: _____ Semester: _____ Year: _____

Course Name	Days	Credits	Course No.

Days

I, _____, certify that I have not, nor will I receive tuition or scholarship assistance for the _____ semester _____, other than through the NJCU/UACHS Tuition Waiver Program. I also, certify that I am not currently matriculated in **The Pathway to Teaching** in New Jersey nor will these classes be used towards the **The New Pathway to Teaching** requirements.

Employee's Signature: _____

Date: _____

UACHS Dean: _____

UACHS President: _____

Reviewed: _____

Date: _____

Approved: _____

Date: _____

Note: No changes may be made on this form. If any changes or corrections are required, a new form must be completed. Return to Human Resources Office (H105) for approval signature.

