



NORTHWESTERN CONNECTICUT COMMUNITY COLLEGE

Employee Waiver Form
(Application and Certification for Exemption from Payment of Tuition and Fees)

Name of Student: _____
Student ID or
Social Security Number: _____
Street Address: _____
City, State, Zip: _____

Attending: _____ Community College

Certificate of Employee

Employee Name: _____
Street Address: _____
City, State, Zip: _____

Type of Waiver (check one)

Employee: _____
Spouse: _____
Dependent Child _____

Semester **Year**

Fall _____
Spring _____
Other _____

This is to certify that the information submitted on this application is complete and accurate. If the waiver application is for a spouse or dependent child, I hereby attest that the above named student is my spouse or dependent child.

Signature of Employee

Date

Certificate of Employer

This is to certify that the above named employee is employed by the Board of Trustees of Community Colleges/Northwestern Connecticut Community College, and is eligible to receive a waiver of tuition and fees, as requested in this application, pursuant to Board policy and/or pursuant to an applicable collective bargaining agreement.

Name:
Title:

Date

Note: The Board reserves the right to require submission of tax returns to substantiate claimed spousal or dependent child status. False reporting may be cause for disciplinary action.