



CWID \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ NJCU Email: \_\_\_\_\_  
 Employee Status: \_\_\_\_\_ Job Title \_\_\_\_\_ i6.995 ( )70.51Tre W\* n4  
 \_\_\_\_\_ 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 V L Q \* U D G X D W H / H Y H O & R X U V H V 2 1 / <  
 I believe that the graduate level course(s) listed above may be excluded from my gross income under section 162 of the 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 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

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 both statements (3) and (4).

Employee and supervisor certification to be completed by the Employee and Supervisor.

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

PSOR \ HH \ V 6 L J Q D W X U H \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid Office Approval \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Approval \_\_\_\_\_ Date: \_\_\_\_\_