

CONNECTICUT COMMUNITY COLLEGE
COURSE WAIVER & RESERVATION FORM ~ CREDIT OR NON-CREDIT EXTENSION

*Application for Exemption from Payment of Credit or Non-Credit Extension Tuition and Fees
 Under this waiver students are responsible for purchasing their course materials and books*

EMPLOYEE
 SPOUSE*
 DEPENDENT CHILD*

Name of Student _____

Student I.D. # @ _____

Address _____

City, State, Zip _____

Home Phone _____

EMPLOYEE INFORMATION: Bargaining Unit
 Congress
 AFSCME Admin
 Federation

Name _____ **College** _____

Address _____
(If different from student)

City, State, Zip _____

E-Mail _____ **Work Phone** _____

Certification by Director, Human Resources (if applicable) _____ **Date:** _____

* 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 and if the latter, that I claimed such child as a dependent 24 years or younger on my last tax return, or that I am legally required to provide for such child's support even if I did not claim such child as a dependent for income tax purposes. The Board reserves the right to require submission of tax returns to substantiate claimed spouse or dependent child status. False reporting may be cause for disciplinary action.

 Signature of Employee

Semester:
 Fall
 Spring
 Summer
 Winter
Year: _____

CRN # _____ **Course Title** _____

Start Date _____ **Amount Waived \$** _____

Student admittance is based on a space available basis and per Board policy criteria (see back of form for guidelines).

Authorization of Dean or Director of Continuing Education or Authorization of Dean of Academic Affairs (as appropriate)

Signature: _____ **Date:** _____

Date Processed by Business Office / Cashier _____

For CE office use only

Date Received: ____/____/____ Time Received: _____

Class Full _____ Placed on Waiting List _____ Approved for Attendance _____

Date Acknowledgement Letter Sent: _____

Date Informed of Final Decision: Letter _____ Voice Mail _____ E-mail _____

Date Book or Material Cost Payment Received _____

MC/Visa# _____ Exp Date: _____ Check Number: _____