

**ORANGE COUNTY COMMUNITY COLLEGE
MIDDLETOWN, NEW YORK**

**FACULTY AND STAFF & CHAIRMEN'S ASSOCIATIONS
ADJUNCT FACULTY
DEPENDENT/SPOUSE TUITION WAIVER**

This form authorizes the waiver of tuition and fees for the dependent or spouse of Faculty, Staff & Chairmen Association members, and Adjunct Faculty. Present this form to the Bursar's office once authorized signatures are completed.

The student (dependent/spouse) must complete the admissions requirement and be accepted into a degree program. This waiver is for credit courses and associated fees only. A notarized dependency waiver form must also be completed and submitted to HR annually.

☐

Full time

☐

Day Adjunct

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Evening Adjunct

EMPLOYEE: _____

STUDENT: _____

RELATIONSHIP TO EMPLOYEE: _____

SEMESTER: _____

For Adjunct Faculty: This form authorizes the waiver of tuition and fees on a pro-rated basis.

Example: If employee is teaching 12 credits/16 contact hours = 100% waiver
 If employee is teaching 6 credits/ 8 contact hours = 50% waiver
 If employee is teaching 3 credits/ 4 contact hours = 25% waiver

HOW MANY CREDITS ARE YOU TEACHING? WHAT SEMESTER ARE YOU TEACHING?

SUBMIT THIS FORM TO THE HUMAN RESOURCES OFFICE FOR AUTHORIZATION

AUTHORIZED:

Approved for _____ % Waiver

Human Resources: _____ Date: _____

Admissions Director: _____ Date: _____

Accepted Date: _____

Program: _____