

**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 or Staff & Chairmen Association members and Adjunct Faculty. Present this form to the Bursar office once authorized signatures are completed.

The student (dependent/spouse) must complete the admission requirement and be accepted into a degree or certificate program. This waiver is for credit courses and associated fees, only.

☐ **Full time**

☐ **Day Adjunct**

☐ **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 Resource Officer: _____ Date: _____

Admissions Director: _____ Date: _____

Accepted Date: _____

Program: _____