

**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?  
\_\_\_\_\_

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**SUBMIT THIS FORM TO THE HUMAN RESOURCES OFFICE FOR AUTHORIZATION**

AUTHORIZED:

Approved for \_\_\_\_\_% Waiver

Human Resource Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Admissions Director: \_\_\_\_\_ Date: \_\_\_\_\_

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

Program: \_\_\_\_\_