



TUITION & FEE WAIVER

GENERAL INFORMATION:

CNM will not pay for any class taken more than once.
 All tuition and fees not related to this waiver must be paid at the time the waiver is submitted to the Cashiers Office.
 CNM will waive tuition, registration fees, and technology fees for CNM courses.
 Employees/Dependents are responsible for dropping all courses before the Refund Deadline.
 If you add a course(s) not listed on this waiver, an additional waiver must be submitted.
 This benefit may be taxable income to the employee See the Source, IS -2054 for further details.

EMPLOYEE WAIVER IMPORTANT INFORMATION:

Regular full-time employees are eligible for Tuition and Fee Waivers for courses up to 18 credit hours per calendar year if enrolled in a degree or certificate program. If not in a degree or certificate program, the employee is eligible for waivers for up to 9 credit hours per calendar year.
 Regular part-time employees are eligible for Tuition and Fee Waivers for courses up to 9 credit hours per calendar year if enrolled in a degree or certificate program. If not in a degree or certificate program, the employee is eligible for waivers for up to 4 credit hours per calendar year.
 Employees covered by a Collective Bargaining Agreement, please refer to applicable Collective Bargaining Agreement for benefit details.

DEPENDENT WAIVER IMPORTANT INFORMATION:

Dependents must be registered in Human Resources in order to be covered by this benefit. Dependents of a regular full-time employee are eligible for up to 18 credit hours per term if the dependent is enrolled in a degree or certificate program. If they are not in a degree or certificate program, the dependent is eligible for waivers for up to 9 credit hours per calendar year. The dependents of a regular part-time employee are eligible for waivers for up to 9 credit hours per term if they are enrolled in a degree or certificate program. Employees covered by a Collective Bargaining Agreement, please refer to applicable Collective Bargaining Agreement for benefit details.

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|----------------|--|-------|--------|--------|------|-----------------|----------|-----------|
| Calendar Year: | | Term: | SPRING | SUMMER | FALL | Type of Waiver: | Employee | Dependent |
|----------------|--|-------|--------|--------|------|-----------------|----------|-----------|

EMPLOYEE INFORMATION:

Name: _____ Employee I.D.# _____
 Contact Phone #: _____ Department: _____ (Ex: Fin. Aid, CHSS, Security, HR)
 Job Title: _____
 Please fill in one of the following: Faculty Full-time Faculty Part-time President's Office Academic Affairs
 Staff Full-time Staff Part-time Finance & Operations Student Services
 Department Cost Account (Fund & Org. Only): Fund: _____ Organization: _____

DEPENDENT INFORMATION: *Supporting documents are required for dependents not registered with Human Resources.*

Type of Dependent: Spouse Domestic Partner Dependent Child
 Dependent Name: _____ I.D.#: _____
 Date of Birth: _____ Phone #: _____
 Please complete if waiver is for a dependent child:
 Is dependent child married? Yes No Will you claim this dependent on you Income Tax Return? Yes No
 Is the dependent a full-time student? Yes No If yes, please complete the following statement below.
 I _____, certify that my dependent _____ is a full-time student at _____.

COURSE LIST:

| | | |
|---------------------|---------------------|---------------------|
| Course: _____ | Course: _____ | Course: _____ |
| CRN: _____ | CRN: _____ | CRN: _____ |
| Credit Hours: _____ | Credit Hours: _____ | Credit Hours: _____ |
| Course: _____ | Course: _____ | Course: _____ |
| CRN: _____ | CRN: _____ | CRN: _____ |
| Credit Hours: _____ | Credit Hours: _____ | Credit Hours: _____ |

I certify the above to be true:
 Employee Signature: _____ Date: _____

For Employee Waiver only:
 Supervisor Printed Name: _____ Supervisor Signature: _____

For Dependent Waiver only:
 I grant permission to CNM to release information concerning my present and future eligibility for this waiver, including my enrollment status to the employee identified above:
 Dependent Signature: _____ Date: _____

Please submit a copy of current class schedule with this form to your Supervisor and Cashiers.

Official Use Only:

Cashiers Office: Cashier Initials: _____
 Tuition _____ Tech. Fee _____ Registration Fee _____ Total _____
 Fin. Aid & Sch. Balance Due _____ Degree status: _____ Degree/Certif. Non-Degree

Human Resources: HR Initials: _____
 Employee Spouse Domestic Partner Dependent Child up to age 24 Dependent Date of Birth _____
 Primary Position: _____ Collective Bargaining Group: _____

Payroll: Processed By: _____
 Benefit Taxable Amount: _____ Benefit Non-taxable Processed W-2