



# ASNUNTUCK COMMUNITY COLLEGE

170 Elm Street Enfield, CT 06082

860.253.3000

## Tuition Waiver Form – 4 C’s/Management

### APPLICATION AND CERTIFICATION FOR EXEMPTION FROM PAYMENT OF TUITION AND FEES

Name of Student: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Attending: \_\_\_\_\_

#### Certificate of Employee

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

#### Type of Waiver

#### Semester

Employee \_\_\_\_\_

Fall \_\_\_\_\_

Spouse \_\_\_\_\_

Spring \_\_\_\_\_

Dependent Child \_\_\_\_\_

Other \_\_\_\_\_

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, either that I claimed such child as a dependent 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. \*

\_\_\_\_\_  
Signature of Employee

#### Certificate of Employer

This is to certify that the above named employee is employed by the Board of Regents of Connecticut State Community Colleges and Universities/Asnuntuck Community College, and is eligible to receive an exemption from payment of the application fee, matriculation fee and all general fees.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**\*NOTE: The Board reserves the right to require submission of tax returns or other legally sufficient evidence to substantiate claimed spousal or dependent child status. False reporting maybe cause for disciplinary action.**