MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT
TUITION WAIVER REQUEST (for credit classes only)
ADJUNCT FACULTY

Appendix C

INSTRUCTIONS TO REQUESTER: Complete this form for each college that you plan to enroll. Please keep a copy for your records. Waiver requests for registered courses will only be honored through the semester in which the class ends.

TO AVOID ANY DELAY IN YOUR REGISTRATION, ATTACH YOUR PAYMENT TO THIS FORM FOR ANY FEES OWED IN ADDITION TO THE CREDIT HOUR COST. FILL OUT THE FORM COMPLETELY AND ACCURATELY, AND SUBMIT TO THE CASHIER AT THE COLLEGE WHERE YOU ARE REGISTERED.

EMPLOYEE INFORMATION: Date _____

Name _____ Employee ID # _____ Phone _____

COURSE-ENROLLMENT INFORMATION: **Semester** _____

College/center offering class: PC GCC GWCC MCC SCC RSCC SMCC CGCC PVCC EMCC MSC SWSC
Other MCCCD Location (List):_____

Prefix & No.	Section No.	Days	Times	Cr. Hrs.
			Subtotal:	
			Total credit hours paid for by adjunct faculty waiver during this semester at any other MCCCD college/center:	
			Grand total credit hours paid for by adjunct faculty waiver this semester (may not exceed 6.0):	

ADJUNCT FACULTY'S STATEMENT OF CERTIFICATION, UNDERSTANDING AND AGREEMENT: I certify that I am currently a part-time faculty of the MCCCD, or have had a contract as a part-time faculty within this current fiscal year (July 1 – June 30). I understand that I am eligible for a tuition waiver for up to 6 credit hours during the semester in which I am employed; though I may elect to defer use of the waiver during a term that follows my teaching, but that is still within the same fiscal year as my contract. I understand that acceptance of this request by the College Cashier's Office does not imply that it has been approved. Approval is subject to eligibility verification. Adjunct faculty must have a contract that began on or after July 1, 2006. If it is determined that I am not eligible for a waiver, I understand that I am responsible for paying the full student cost of any courses that I am enrolled in as of the drop/add period for the course(s). Eligibility may or may not be verified by the end of the drop/add period.

I understand and agree that the waiver for the above-listed class(es) is for credit-hour cost ONLY (including out-of-county and out-of-state credit-hour costs); waiver for no other fee is expressed or implied by the acceptance of this request. My contract term is/was from _____ to _____.

(List location, term or start date, course number and section number of each course you are teaching or have taught in the fiscal year.)

(If you are an adjunct in one of the following categories: Contract for Credit Courses, Hourly Adjunct, Team-Taught, Non-Residential Fitness, Librarian or Counselor, please check here____)

I understand that if all of these sections are canceled, the waiver will become invalid and I am responsible for paying the full student costs of any classes I take.

No more than 6 credit hours may be deferred within a given fiscal year, meaning that unused hours cannot be accumulated above 6 credit hours. Credit by examination or evaluation is not eligible for waiver. Courses held during Summer Session II are not eligible for waiver deferral.

Employee Signature _____ Date _____

THIS SECTION MUST BE COMPLETED BY THE SUPERVISOR (Division Chair, Vice President, or Dean): I certify that this individual is employed as described above.

Supervisor's Signature _____ Date _____

Supervisor's Title _____ Location _____

College Personnel/Fiscal Office Use Only __Approved pending instructional audit __Denied

BRS subcode: 69069 Verification completed by _____ Date _____

MC2500C (7/06)