



The College of New Jersey
Office of Records and Registration
P.O. Box 7718, Ewing, NJ 08628-0718
Phone: (609)771-2141 Fax: (609)637-5184

NON-RESIDENT TUITION EXEMPTION APPLICATION AND AFFIDAVIT

Last Name: First Name: MI: PAWS ID:

Phone: TCNJ/Admissions E-Mail:

This form is required to request exemption from out-of-state tuition under the auspices of the New Jersey DREAM Act and accompanying statute P.L.2013, c.170 (C. 18A:62-4.4).

If TCNJ determines that you are eligible for in-state tuition, the exemption will apply to your account so long as you fulfill the requirements OR until the College no longer offers this exemption. Applicants for the exemption are still responsible for out-of-state tuition and fees that are due before a decision is made regarding exemption.

Completed forms should be mailed to:

Continuing students: TCNJ Records and Registration, PO Box 7718, Ewing, NJ 08628
New students and applicants: TCNJ Admissions, PO Box 7718, Ewing, NJ 08628

Please complete this form and sign below:

A) REQUIREMENTS: Initial to confirm each of the following statements:

I have attended a New Jersey High School for at least three years.

Initial

I have received or will receive a high school diploma from a New Jersey high school, or have attained an equivalent, such as a High School Equivalency issued by the State of New Jersey (GED).

Initial

I am NOT a non-immigrant alien holding a currently valid visa. (Federal law defines a non-immigrant as a person admitted temporarily to the United states with any of the following visas: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, TN, TD, V, TROV, NATO, or other non-immigrant visas.)

Initial

B) HIGH SCHOOL ATTENDANCE

High School	City	State	Dates of Attendance	
			FROM MM/YY	TO MM/YY

C) AFFIDAVIT:

I, the undersigned, hereby state that I am a non-citizen without lawful immigration document; and I have filed an application for legalized immigration status.

Initial

D) STATEMENT OF TRUE AND ACCURATE INFORMATION

I, the undersigned declare that the information provided on this form, which will be used to determine my eligibility for the out-of-state tuition exemption, is TRUE and ACCURATE. I understand that if any of this information is false, I will be held responsible for the payment of all out of state charges from which I have been exempted, and may be subject to disciplinary action by the College.

Print name as it appears on your admissions application or school records

Signature

Date

OFFICE USE ONLY: In-state tuition will be effective: Term Year