

**THE COLLEGE OF NEW JERSEY
OFFICE OF RECORDS AND REGISTRATION
NON-RESIDENT TUITION EXEMPTION
APPLICATION AND AFFIDAVIT**

NAME: Last	First	M.I.	6 Digit PAWS ID # <div style="display: flex; justify-content: space-around; width: 100%;"> </div>
PHONE:		TCNJ and/or ADMISSIONS EMAIL:	

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 the 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 documents; and I have filed an application for legalized immigration status or will file an application as soon as I am eligible to do so.

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 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 _____