

LEHIGH CARBON COMMUNITY COLLEGE
4525 Education Park Drive
Schnecksville, PA 18078-2502

Procedures for Submitting Application for Tuition Waiver Credit Bank for Clinical Facilities

Students using the Clinical Credit Bank for the payment of tuition are requested to follow the procedures listed below.

1. Obtain the Application for Tuition Waiver form for the Clinical Credit Bank from Academic Services.
2. Complete the form. Be sure to include all course information and sign the form.
3. Obtain the signature of the Human Resources administrator or other authorized individual at the health care institution in which you are employed.
4. Return the form for LCCC approval/signature:

Department of Health Care Sciences
Lehigh Carbon Community College
4525 Education Park Drive, SH 32
Schnecksville, PA 18078-2502
P: 610-799-1525 E: nursing@lccc.edu

NOTES

1. This tuition waiver does not register the student for the course(s). The registration process is a separate one and must be completed in addition to this process.
2. After approval/signature from the authorized administrator at LCCC, the form will be forwarded to LCCC's Business Office.
3. The student will be notified by phone or email if the application is NOT approved.

Application for Tuition Waiver Credit Bank for Clinical Facilities

Name		LCCC ID L#	
Street			
City	State	Zip	
Phone #	Email		
Resident School District		Semester/Year	
Employer (list facility, hospital and/or campus where employed)			
Occupation			
<p>I understand that I am entitled to use the credit bank for one (1) course (up to 4 credits maximum) per semester (fall, winter, spring, summer), OR any professional development and/or continuing education courses sponsored and led by an LCCC Healthcare Science program and will be responsible for any outstanding tuition and/or fees/costs. I hereby request tuition waiver for _____ credits (# of credits, up to 4) for this semester for the following Lehigh Carbon Community College course(s):</p>			
CRN#	Course	Course Title	Credits
_____		_____	
Applicant's Signature		Date	

I understand that some of my records may be protected under the Family Educational Rights and Privacy Act of 1974 and cannot be released without my written consent. I hereby waive all provisions of the law and privilege relating to the information described in this form. I certify that this consent has been given freely and voluntarily. I may revoke this consent at any time by providing written notice of such revocation to the Registration/Student Records Office. This authorization is good for one year from the date I sign this form, unless noted differently, and photocopies of this form may be accepted, when presented in person with appropriate identification. The person and/or agency receiving this information may not disclose the information received as a result of this disclosure unless specifically authorized.

Applicant's Signature

Date

I certify that the above-named employee is eligible to utilize the credit bank for course(s) at Lehigh Carbon Community College.

Signature of HR Rep/University Relations Recruiter _____ Date _____

Please **Print** Name as Signed _____ Phone # _____

No. of Credits Approved by Dean _____

Dean of Health Care Sciences Signature _____ Date _____

*For approval, return this form to: Department of Health Care Sciences
Lehigh Carbon Community College
4525 Education Park Drive, SH 32
Schnecksville, PA 18078
P: 610-799-1525 E: nursing@lccc.edu

***Form must be returned as a physical copy or scanned PDF. No photos will be accepted.**