

For Bucks Internal Office Use Only

Re-Verified

Ineligible

Opt-Out Staff Initials \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE PRINT**

**Re-Verification for Participation or Opt Out Form**

*To be completed by **all** current participants in the Free Tuition Program*

**Submit this form by traditional mail or in person** to: Jan Cook, Bucks County Community College, 275 Swamp Road, Newtown, PA 18940. (Student Services, Rollins Center.)

If you were formerly authorized to participate in the Free Tuition Program and wish to continue participation during 2010, you must complete this form. Sign, date and file this form between **Nov 16, 2009** and **January 11, 2010** to be eligible for the spring 2010 Free Tuition Program. Form invalid if submitted before **Nov 16, 2009** or after **January 11, 2010**

Name \_\_\_\_\_ Bucks ID \_\_\_\_\_

Address \_\_\_\_\_

Preferred Phone Number \_\_\_\_\_

*If your contact information has changed since entering this program, please provide updates at foot of page.*

Please confirm the following:

I am a Bucks County resident.

I have completed the on-line FAFSA form for 2009-2010

I have been permanently or indefinitely laid off from a full-time position and have **not** obtained full-time employment, to this date.

I am not receiving education/training assistance from a former employer or government agency.

I am not currently enrolled in Bucks courses for spring 2010.

I have **not** already opted-out of this program since January 2009.

**OR**

*I wish to Opt-Out of the Free Tuition Program and understand I may not rejoin.*

**For detailed program requirements and information please visit <http://www.bucks.edu/life/careerservices/retraining.php> or call the InfoLine (215) 968-8030**

***Reminder:*** All participants are required to file the Free Application for Federal Student Aid (FAFSA) for 2009-2010 by December 17, 2009 to remain in the Free Tuition Program. (If you filed a FAFSA 2009-10 application for the fall 2009 semester, re-filing is not necessary.) The requirement to file for FAFSA holds regardless of whether or not you qualify for federal aid.

Your signature below confirms that you agree to the above requirements and conditions in order to remain eligible for the Free Tuition Program.

*I understand that withholding information requested on this Form or giving false information may make me ineligible for admission to Bucks County Community College or subject to dismissal.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Opting Out:** To end your participation in the Free Tuition Program (and forfeit the tuition waiver) you may submit this form at any time. Once you 'opt out' of the Free Tuition Program, you may not rejoin it later.

***If you have changed your contact information since entering the Free Tuition Program please complete:***

Current first name:	Former first name:
Current last name:	Former last name:
Current address:	Former address:
Current phone:	Former phone: