



## NOTICE TO CHARGEBACK STUDENTS

To be eligible for a chargeback, a student must be a matriculated student at an out-of-county NJ community college (attending institution) in a program not offered at Sussex County Community College (the home community college). *"Students required to enroll in remedial courses in two or more basic skills area, as determined by the attending institution's placement tests, shall complete the remediation in the home community college before being eligible for chargeback."* N.J.S.A. 18A:64A-23

Step 1: Complete all personal information sections of Forms A & B.  
**\*A COMPLETE SET OF CHARGEBACK PAPERWORK MUST BE SUBMITTED FOR EACH SEMESTER\***

Step 2: Have the bottom section of Form B (The DECLARATION OF MAJOR) signed by a representative of the Attending school BEFORE bringing all forms to SCCC's Academic Affairs Office (B-301) for approval. A 'Letter of Acceptance' into a specialized program can also be accepted.

Step 3: Items needed for APPROVAL:

- Forms A & B completed by student & attending school
- Printed copy of your bill/schedule showing your course(s) for the semester
- Printed copy of proof of Sussex County residency (i.e., driver's license, utility bill, etc.)

Step 4: All items can be brought to SCCC's Academic Affairs Office in the Administration Bldg (B-301) for approval

### PLEASE NOTE:

Once approved, we will contact you to pick up your forms. (*This may take a few days*). You then need to bring them to the Bursar's Office at the ATTENDING school for processing.

**If you make any changes (add/drop classes) to your schedule, you MUST submit a revised schedule to SCCC's Academic Affairs Office (B-301) - YOU DO NOT NEED TO COMPLETE A NEW SET OF THE CHARGEBACK FORMS.**



Form A

Date: \_\_\_\_\_

**Certificate of Eligibility for Chargeback Assistance** (Pursuant to N.J.S.A 18A:64A-23)

Name of Student \_\_\_\_\_

Address \_\_\_\_\_

County of Sussex Student Phone: \_\_\_\_\_ Social Security Number \_\_\_\_\_

College Attending \_\_\_\_\_

Semester: Year \_\_\_\_\_ Term: Fall \_\_\_\_ Winter \_\_\_\_ Spring \_\_\_\_ Summer: I\_\_ II\_\_

Program/Course of Study: \_\_\_\_\_

Reason for Chargeback Approval: Program(s) not offered at SCCC

*CHARGEBACK APPROVAL IS NOT FINAL UNTIL ALL FORMS ARE COMPLETED AND ON FILE AT SUSSEX COUNTY COMMUNITY COLLEGE. SCCC WILL NOT PAY FOR REPEATED COURSES.*

**PLEASE NOTE: ONLY ONE (1) DEVELOPMENTAL/REMEDIAL COURSE WILL BE COVERED UNDER THE CHARGEBACK PROCESS. (unless otherwise eligible)**

OR

\_\_\_\_\_  
Sherry Fitzgerald, Dean of Applied Arts  
& Sciences

\_\_\_\_\_  
Dina Conde, Dean of Liberal Arts  
& Sciences

**Certificate of Residence and Purposes of Chargeback** (Pursuant to N.J.S.A 18A:64A-23)

On the basis of sworn statement and evidence submitted to me, I hereby certify that

\_\_\_\_\_ is a resident of Sussex County, and signify Sussex

County's acceptance of responsibility to pay its share of operating costs at the college attended, pursuant to the provisions of the above-named law.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ketan Gandhi, Chief Financial Officer



Form B

Student's Name \_\_\_\_\_

Course Verification for Chargeback Student

Course Listing for Present Semester: *(Please list all courses you are registered for in the semester)*

COURSE NUMBER	COURSE TITLE	LAB COURSE(x)	CREDITS/CHG. HRS.

TOTAL CREDITS \_\_\_\_\_

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

\_\_\_\_\_  
Date

Declaration of Major

**NOTE:** The 'Current Major' and 'Program Code' (below) are to be completed by a representative from the *Attending* school.

Current Major \_\_\_\_\_ Program code (CCM only) \_\_\_\_\_

College Attending \_\_\_\_\_ Number of Credits in Major to Date: \_\_\_\_\_

Semester: Year \_\_\_\_\_

Term: Fall \_\_\_ Winter \_\_\_ Spring \_\_\_ Summer: I \_\_\_ Summer II \_\_\_

I certify that to the best of my knowledge the above information is true. (Attach official Letter of Acceptance from attending college, provided such letter includes a statement of program major.)

Signature: \_\_\_\_\_  
Official from Attending College

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**NOTE:** BILL WILL NOT BE HONORED UNLESS THIS FORM IS COMPLETED AND RETURNED TO SCCC's ACADEMIC AFFAIRS OFFICE (B-301)