



## **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 sending forms to SCCC for approval. A ‘Letter of Acceptance’ into a specialized program can also be accepted in lieu of the Declaration of Major section.

**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 (driver’s license/utility bill/etc.)

**Step 4:** Email these completed forms to: Maureen Lynch ([MLynch@sussex.edu](mailto:MLynch@sussex.edu)) for approval

**Step 5:** Once all approvals are obtained - we will email these forms back to you for you to submit to your institution.

**If you make any changes (add/drop classes) to your schedule, you MUST submit a revised schedule to SCCC. You may send to [MLynch@sussex.edu](mailto:MLynch@sussex.edu) (Maureen Lynch).**  
**You DO NOT need to complete a new set of forms.**

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

*If you need further assistance, please contact*

*Maureen Lynch at 973-300-2150 or Karen Unrath 973-300-2112 for help.*



**Form A**

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

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

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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

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

Semester: Year: \_\_\_\_\_ Term (circle one): FALL WINTER SPRING SUMMER I II Other

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.** (Signature of area Dean required)

\_\_\_\_\_  
**Sherry Fitzgerald**, Associate VP of Academic Affairs,  
Dean of Arts and Humanities

\_\_\_\_\_  
Nancy Gallo, Dean of Professional Studies,  
Social Sciences and STEM

Or

**Jason Fruge**, Dean of Technical Occupations

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**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. A 'Letter of Acceptance' into a specialized program can also be accepted.

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: \_\_\_\_\_ Date: \_\_\_\_\_  
Official from Attending College

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

**NOTE:** BILL WILL NOT BE HONORED UNLESS THIS FORM IS COMPLETED AND RETURNED TO SCCC – Academic Affairs office. B301, [Mlynch@sussex.edu](mailto:Mlynch@sussex.edu) (Maureen Lynch) or [KUnrath@sussex.edu](mailto:KUnrath@sussex.edu) (Karen Unrath)