



# State Employee Space Available Tuition Waiver

**Note: Please see Program Regulations on back of this form.**

Student ID: \_\_\_\_\_

Term/Year: \_\_\_\_\_

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

Address; City, ST, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Name of Agency and Job Title \_\_\_\_\_

I have read and understand the Program Regulations pertaining to the use of this waiver.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Section below to be filled out by Employee's HR Department:

I certify that: (Employee Name) \_\_\_\_\_

Is employed by: (Company Name) \_\_\_\_\_

And holds the position of: \_\_\_\_\_

By signing below, I confirm that this individual is a full-time or part-time permanent, classified state employee member as defined chapters 28B.16 and 41.06 RCW.

Name of Human Resource Representative \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Space is available in this class on the FIRST DAY of instruction.

Item (Course Name) Number 1 \_\_\_\_\_

Course ID Number 1 \_\_\_\_\_

Credit

Audit

Instructor Number 1 (print name) \_\_\_\_\_

Instructor Signature / Date \_\_\_\_\_

Item (Course Name) Number 2 \_\_\_\_\_

Course ID Number 2 \_\_\_\_\_

Credit

Audit

Instructor Number 2 (print name) \_\_\_\_\_

Instructor Signature / Date \_\_\_\_\_

**Program Regulations**

1. This program is limited to permanent halftime or more state employees as defined by RCW 41.06 and 25B.15.558. To determine if you are eligible, consult your HR representative. Eligible students must also be considered “in-state” residents.
2. Space is considered to be available if on the FIRST DAY of the term, enrollment in the class is less than the capacity requirement. Based upon the instructor’s discretion, approval for enrollment is not limited to available seats. Instructors may choose to overfill their course with a student using this waiver.
3. Students must register using this Tuition Waiver form to be eligible. **Registration prior to the FIRST DAY of the course and without using this Waiver form will disqualify the student from using the waiver for that course.**
4. State employees using this tuition waiver must register by the end of the fourth week of the quarter. No registration will be permitted after the fourth week of the quarter
5. If space is available (as defined by item 2), have the instructor sign the front of this form. Take the completed form with a registration form to the Enrollment Services Office.
6. A registration fee of \$20 per quarter shall be charged to partially recover the cost of admitting, registering, and maintaining academic records for students participating in this program. Parking fees, computer lab fees and other special credit fees will not be waived.
7. The first quarter a student takes a course for credit at Shoreline Community College, he or she is required to complete an admissions application.
8. Under this program, state employees are eligible to register part time (1-6 credits).
9. Only state supported courses are available under this program.
10. State employees enrolled under this program must meet standard course prerequisites and college math and English assessment requirements.
11. We encourage you to make a copy of this form for your records and provide a copy for your employer.
12. Registration using this waiver is not permitted until the FIRST DAY of the term. Tuition is due within 24 hours of registration.