REQUEST FOR TUITION WAIVER

**WCC Employees**

I request a tuition waiver under RCW 28B.15.558. I understand and agree to the following:

* I understand that the Tuition Waiver is not valid for CO-OP, WAOL, learning contracts or self-support classes.
* I am required to pay a registration fee of $10.00 per course (limit of 2 courses per quarter).
* I understand that the tuition waiver is valid on a space available basis only and instructors cannot over-enroll their classes in order for me to use this waiver.
* I understand that I must present an enrollment form and this request no earlier than the first day of the quarter to the Registration Office. Early registrations will not be accepted. Late enrollments (after the 5th day of the quarter) are at the discretion of the instructor.

**Employee Name:**       **Employee SID Number:**       **Quarter/ Year:**

**Course:**       **Number of Credits:**

**Release Time Requested – state time period(s):**

**Course:**       **Number of Credits:**

**Release Time Requested – state time period(s):**

**Re-arrangement of Work Schedule***(required if release time is requested)***:**

**Human Resources Office has verified 50% or more employment status** **[ ]**

