

The following form can be filled out **Online**, printed for signatures, then mailed or faxed.

To fill out forms in Acrobat Reader:

- Select the “hand” tool.
- Click on a line or in a box and begin typing.
- Check boxes can be clicked on or off.
- To move from one editable area to the next, use the tab key.
- If you prefer, the “Highlight Fields” option can be selected to show the editable areas on the form, and the zoom tool in the browser can be used to enlarge the form view.
- When printing the form, start with page 2 of this PDF document.
- For best results, we recommend the latest version of Acrobat Reader.



Washington State Public Employee TUITION WAIVER

Student identification number

The student identification number is used for retrieval of all records in the student management system database (registration, admissions, transcripts, enrollment verification).

Name _____

Address _____

City _____ State _____ ZIP _____

Home phone _____ Work phone _____

Job title _____

State agency of employment _____

(i.e., state agency, higher education institution, school district)

Enrolling at: SCC SFCC IEL Year _____ Quarter: Fall Winter Spring Summer

PLEASE NOTE: Completion of the class section below does not replace the registration form, nor does it automatically register you in the class(es) when received in the campus registration office. Registration is required by the end of the fifth day of the quarter.

List class(es) below:

COLLEGE	ITEM NUMBER	DEPT/DIVISION and COURSE ID	COURSE TITLE	CREDITS	DAYS	TIME

Class eligibility verification/Registration Office _____ Date _____

TO BE COMPLETED BY THE EMPLOYEE'S PERSONNEL OFFICE

I verify that _____
Employee's name

- is employed with _____
State agency, institution of higher education or school district

- holds the position of _____
Title / classification

- and is a permanent employee, employed one-half time or more.

- School district employees only:** Specify state identified shortage area _____

Name of personnel officer or agency representative _____
Please print

Title _____

Address _____

City _____ State _____ ZIP _____

Phone _____

Signature _____ Date _____