



Office Use Only
Employee Name: _____
Received Date: _____

## State Employee Tuition Waiver

### Waiver Details and Instructions:

- Registration is completed by Enrollment Services staff. Enrollment earlier than the 1st instructional day of the quarter will result in disqualification for the Tuition Waiver.
- Registration using the State Employee Tuition waiver opens on the 1st instructional day of the quarter on a **space available basis**. Enrollment for TCC employees begins at 8:00AM. All other state employees, teachers, and K-12 classified staff begin enrollment at 12:00pm.
- This waiver may not exceed 2 classes or 10 credits per quarter.
- **The cost is \$5 per class plus applicable fees.** Please note that applicable fees vary in cost depending on credit amount, term, and course; these can range from approx. \$75 to \$200+. Please check the "Tuition and Fees" section of our "Costs & Admission" webpage: <https://www.tacomacc.edu/costs-admission/tuition-payment/>.
- Space Available Tuition Waivers cannot to be used for courses in selective/competitive entry programs (e.g. BAS programs, Nursing, or Continuing Education/non-credit classes). **Space available waivers may not be used to exceed posted class capacity, even with instructor overload approval.**

Submit the completed form to the Enrollment Services Office in Building 7 (North entrance) or email to [EnrollmentServices@tacomacc.edu](mailto:EnrollmentServices@tacomacc.edu).

Student ID:	Last Name:	First Name:
<input type="checkbox"/> I am a Tacoma Community College employee, employed half-time (50%) or more.		
Quarter: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____		

### **Employer Verification**

I verify that the above-named student is employed with our organization in a permanent position, classified as half-time or more, and is eligible for a Tuition Waiver under provisions as amended in RCW 28B.15.558. Temporary employees are not eligible.

**State Agency Name and Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Supervisor or Personnel Officer:**

\_\_\_\_\_

Printed Name & Title

\_\_\_\_\_

Signature Date

Class Number	Subject	Course Number	Section	Credit

By signing below, I acknowledge that I am responsible for the tuition and applicable college and course fees associated with any approved enrollment.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_