



Washington State Employee Tuition Waiver Request

Eligibility & Regulations

I. Eligibility

To be eligible for the tuition waiver program, the participant must be employed as a permanent employee of the state of Washington working half-time or more and be certified by their employer as eligible for the tuition exemption according to RCW 28B.15.558.

The waivers available to state employees under this section shall also be available to teachers and other certificated instructional staff employed at public common and vocational schools, holding or seeking a valid endorsement and assignment in a state-identified shortage area. The waivers available under this section shall also be available to classified staff employed at K-12 public schools when used for coursework relevant to the work assignment.

II. Registration

Participants may register on the first day of the quarter or the first day of class on space available basis and may not overload a class. This form must be completed each quarter and must be presented at the time of registration. Participants may not register for class(es) at the state tuition rate in order to reserve a space and then change to the tuition waiver rate. Participants registering without this form at the time of registration will be charged full fees and WILL NOT qualify for the waiver for current quarter.

III. Exclusions

The Tuition Waiver may not be used for self-support, contract or community education courses. Tuition waiver is valid only for state supported courses.

IV. Fees

Participants will pay a non-refundable registration fee of \$5 per quarter as well as all applicable course fees, lab fees, and other charges as appropriate. All fees must be paid at the time of registration.

V. Grades

Grades will be posted to participant's CBC transcript in the same manner as general tuition students.

Tuition Waiver Request Valid for One Quarter Only		Requested Quarter and Year:	
Last Name		First Name	Middle Initial
Home Address		City	State Zip
Student ID (If applicable)	Social Security Number	Cell Phone	Other Phone
Date of Birth		Name of Agency/Department	
Position Title		How long in this position?	
I have read the Guidelines and hereby request a tuition exemption as a permanent employee of the state of Washington, working at least half-time.			
_____		_____	
Signature of Employee		Date Signed	
TO BE COMPLETED BY EMPLOYEE'S HUMAN RESOURCES DEPARTMENT			
I attest under penalty of perjury that this employee is a permanent employee of the state of Washington, working at least half-time and is eligible to enroll under the tuition waiver program according to RCW 28B.15.558.			
PRINT Name of Authorizing HR Person		Agency	
Title		Agency Mailing Address	
Signature of Authorizing HR Person		City/State/Zip	
Date Signed		Phone Number	

Received by: _____