South Puget Sound COMMUNITY COLLEGE

SPSCC 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 3rd instructional day of the quarter on a **space available basis**. Enrollment for SPSCC employees begins at 8:00AM on the third day of the quarter. All other state employees begin enrollment at 8:00AM on the fourth day of the quarter.
- This waiver may not exceed 3 classes or 15 credits per quarter.
- The waiver applies to tuition only. Participants are responsible for a State Employee Tuition fee assessed at $10 per credit, per quarter, as well as all applicable course and college fees. Please note that applicable fees vary in cost depending on credit amount, term, and course; these can range from approx. $75 to $200+.
- Space Available Tuition Waivers cannot be used for courses in selective/competitive entry programs (e.g. 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 22- One Stop or email to humanresourcesstaff@spscc.edu.

Student ID:	Last Name:	First Name:
☐ I am a South Puget Sound employee, employed half-time (50%) or more.		
☐ I am a Washington State Employee, employed half-time (50%) or more.		
Quarter: ☐ Fall ☐ Winter ☐ Spring ☐ 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, Phone Number, & Address:

_____

_____

_____

Supervisor or Personnel Officer:

_____

Printed Name & Title

_____

Signature Date

Class Number	Course Name	Credits

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:_____

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