



Continuing Education/ HRD Registration & Fee Waiver Form

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Home: () _____ Cell: () _____

Colleague ID #: _____ Email address: _____

Last 4 Digits of Social Security Number: _____ Date of Birth: _____

Highest Education Level Completed

- Non-graduate (highest grade completed) _____
- GED
- High School Diploma
- Associate's Degree
- Bachelor's Degree
- Master's Degree or Higher

Race

- White
- Black/African American
- American Indian
- Hispanic/Latino
- Asian/Pacific Islander

Gender

- Female Male

Employment Status

- Full-time
- Part-Time
- Retired
- Unemployed (not seeking)
- Unemployed (seeking)

Location of Instruction (Building, Room)

Term / Year _____
 Summer Fall Spring

Name of Course

Class Days (circle)
M T W T F S

Time
to

Instructor's Name

Class Start Date

Class End Date

Tuition and Fee Waiver - Verification Statement

The State Board of Community Colleges grants permission to waive tuition and fees for enrollment in classes coded in the Master Course List as Human Resources Development if the individual meets one of four criteria listed below. To receive this waiver, an individual must verify that he or she meets at least one of the criteria by completing and signing this form. Individuals not signing this form must pay applicable fee to register for a Continuing Education Course.

I qualify for a tuition and fee waiver under the following criteria:

- 1. I am currently unemployed.
- 2. I have received notification of pending layoff.
- 3. I am working and eligible for Federal Earned Income Tax Credit.
Please indicate the number of dependents living in your household: _____
- 4. I am working and earn wages at or below 200% of the federal poverty guidelines.

Have you worked in the past 12 months? If so complete the following:

Employer and Job Title	Start/End Date	Weeks Employed	Hourly Wage	Hours Per Week	Comments
1.					
2.					

I hereby verify all information I have completed on this form is complete and accurate to the best of my knowledge.

Student Signature: _____ Date: _____

OFFICE USE ONLY

Amount of Fee Paid

Date Paid

Institutional Representative