

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)  
 Inmate

Location of Instruction (Building, Room)		Term / Year _____ <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> 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.       3. I am working and eligible for Federal Earned Income Tax Credit.  
 Please indicate the number of dependents living in your household: \_\_\_\_\_  
 2. I have received notification of pending layoff.       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
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