

# Washington State Employee Space Available Tuition Waiver Form

Permanent Washington State employees employed half-time (50%) or more may register on a space available basis using the Washington State Employee Waiver. The Seattle College District will waive 100% of Building and Service & Activity fees and all but \$20.00 of the Operating fee for State employees for the first 6 credits of enrollment. **For detailed information on eligible state and K-12 state employee status eligibility, visit [SouthSeattle.edu/tuition-and-fees/tuition-waivers-discounts](http://SouthSeattle.edu/tuition-and-fees/tuition-waivers-discounts).**

## CONDITIONS

- Officially register for courses between the 6th and 10th day of the quarter (5th through 8th in Summer) with instructor permission.
- Students who register for courses prior to the waiver registration period will lose their waiver eligibility for those courses. Dropped courses are considered a registration transaction.
- Students enrolled in over 6 credits will be charged at the regular tuition rate for all credits more than 6.
- The waiver cannot be used for Continuing Education or Washington Online/System Shared courses.
- Classes must have seats available at the time of registration.
- Meet course pre-requisites prior to registration or waived by the instructor.
- Must be a Washington State resident.

## REQUIRED DOCUMENTS (Must be completed every quarter)

- Complete the **Washington State Employee Space Available Tuition Waiver** with your contact information and instructor permission.
- Complete the **Certification of Enrollment Form** with your supervisor or HR approval.

Submit the completed forms for official registration via email at [ssccregistration@seattlecolleges.edu](mailto:ssccregistration@seattlecolleges.edu) or in-person in the Student Services Lobby – Robert Smith Building. The forms must be submitted within the official registration period. Forms submitted prior and after will not be accepted.

## STUDENT INFORMATION

Student Name (First, Middle, Last): \_\_\_\_\_

ctcLink ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## COURSE INFORMATION

Quarter:  Summer 20\_  Fall 20\_  Winter 20\_  Spring 20\_

Course Name (e.g., ENGL& 101)	Course Number (e.g., 31197)	Credits (e.g., 5)	Audit* (Y/N)	Instructor Signature**

\*Students who audit a course do not receive college credit and will receive the letter grade N.

\*\*Instructor permission via email or People Pages may be submitted in lieu of a physical signature.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# Washington State Employee Space Available Certification of Employment Form

The Certification of Employment Form must be completed alongside the Washington State Employee Space Available Tuition Waiver form for South Seattle College. **For detailed information on State and K-12 state employee status eligibility, visit [SouthSeattle.edu/tuition-and-fees/tuition-waivers-discounts](https://SouthSeattle.edu/tuition-and-fees/tuition-waivers-discounts).**

- Washington State employees and supervisors must complete sections 1 and 2.
- K-12 employees and supervisors must complete sections 1 and 3.

## SECTION 1: TO BE COMPLETED BY ELIGIBLE STATE AND K-12 EMPLOYEES WORKING AT LEAST 50%

Employee/Student Name: \_\_\_\_\_ ctcLink ID Number: \_\_\_\_\_

State Agency Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employee Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 2: TO BE COMPLETED BY STATE EMPLOYER (SUPERVISOR OR HUMAN RESOURCE OFFICER)

I certify that this permanent Washington State employee is employed at least 50% full-time equivalent (FTE).

State Agency Name: \_\_\_\_\_

Supervisor/HR Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor/HR Officer Name Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 3: TO BE COMPLETED BY K-12 EMPLOYER (SUPERVISOR OR HUMAN RESOURCE OFFICER)

I certify that this K-12 employee is employed as a teacher **OR** certificated instructional staff employed at a public common and/or vocational school. **AND**

I certify that this K-12 employee is employed as a teacher **OR** certificated instructional staff seeking certification in a State identified shortage area of \_\_\_\_\_.

**OR**

I certify that this public school K-12 classified employee is employed at least 50% full-time equivalent (FTE) or more **AND** is taking courses relevant to their work assignment.

State Agency Name: \_\_\_\_\_

Supervisor/HR Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor/HR Officer Name Signature: \_\_\_\_\_ Date: \_\_\_\_\_