

Washington State Employee Space-Available Tuition Waiver Registration Procedure

[Permanent Washington State employees](#) 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 employed half-time (50%) or more on the first 6 credits of enrollment. These credits will be removed from the remaining tuition calculation and the Student Management System will calculate remaining credits beginning with the 1-10 credit [tuition rate](#).

Official **waiver** registration occurs the **6th through the 10th instructional days** of fall, winter and spring quarters and the **5th through the 8th days** of Summer Quarter. Students who register for courses to which they seek to apply the waiver prior to the designated waiver registration period will **lose their waiver eligibility** for those classes and will be charged regular tuition rates. Students registering after the waiver registration period must also submit a Late Add Petition (available in the Registrar's Office) and will be subject to a late fee of \$10.50 per credit.

State Waiver Use Process

1. Complete the Certification of Enrollment Form, and have your supervisor complete the second half of the form no earlier than 2 weeks prior to the start of the term.
2. Request instructor permission to attend the class the 1st through 5th day of fall, winter and spring quarter or the 1st through 4th day of summer quarter. Students seeking registration in online courses and classes that use Canvas should request class observer access from their instructor prior to the start of the class.
3. If using the standard enrollment form, available online or from the Registrar's Office, obtain instructor permission during the waiver registration period. Alternatively, for online classes, request a faculty email approving enrollment in the class.

NOTE: Students using this waiver may not be moved ahead of students on class waitlists nor may they be added to a waitlist. Additional class sections cannot be created to accommodate waiver students.

Waiver students may not overload a class capacity.

4. Each quarter, submit the completed enrollment form and Certification of Employment form to the Registrar's Office during the waiver registration period noted above. For online classes, submit the faculty permission email, your student identification number, course information including course name, course number and item number, and completed Certification of Employment form to the Registrar's Office. Incomplete forms may not be able to be processed.
5. A newly signed Certification of Employment form must be submitted with the enrollment form each quarter the waiver is sought.
6. South Seattle College reserves the right to update this policy at any time.

Additional stipulations:

- The waiver is for state-funded courses only. Courses offered through the Continuing Education Office are not eligible for waiver use.
- Employees in the K-12 system are eligible for the Washington State Employee Waiver with verification that they are teachers or certificated instructional staff employed at public common and vocational schools, holding or seeking a valid endorsement and assignment in a [state-identified shortage area](#). Non-instructional classified staff employed at K-12 public schools and working half time or more, may use the waiver when the employee is taking courses relevant to their work assignment.
- If a student is eligible for more than one waiver, the Registrar's Office will apply only one, the one waiver that is most financially beneficial to the student.

SOUTH SEATTLE COLLEGE
EMPLOYEE SPACE-AVAILABLE TUITION WAIVER PROGRAM
Certification of Employment Form

- *Washington State Employees and Supervisors complete Sections 1 and 2*
- *K- 12 Employees and Supervisors complete Sections 1 and 3*

Section 1: To be completed by Eligible State and K-12 Employees working at least 50%:

Employee Name:		Student ID Number:	
Street Address:			
City:	State:	Zip Code:	
Day Phone:	Email:		
State Agency Name:			
Job Title:			
Work Phone:			
Employee Signature:		Date:	

Section Two: To be completed by State Employee's Supervisor or Human Resource Officer

I certify that (student name):			
Is employed by (state agency):			
And holds the position of (job title):			
Supervisor or Personnel Officer Name:			
Business Street Address:			
City:	State:	Zip Code:	
Work Phone:			
Email:			
Supervisor or Human Resource Officer Signature:			Date:

Section Three: To be completed by K-12 Employee's Supervisor or Human Resources Office

I certify that (student name):			
Is employed by (state agency):			
And holds the teaching position of:			
And is seeking certification in the shortage are of:			
OR is a K-12 classified employee and holds the position of (job title):			
Supervisor or Personnel Officer Name:			
Business Street Address:			
City:	State:	Zip Code:	
Work Phone:			
Email:			
Supervisor or Human Resource Officer Signature:			Date:

<i>For Office Use Only:</i>	<i>Quarter:</i>	<i>Date Received:</i>	<i>Staff Initials:</i>
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