

Continuing Education/HRD Registration Form and Fee Waiver Verification

Please note: this registration and fee waiver form is for HRD/Workforce Development courses only.

Last name: _____ First name: _____ MI: _____

Address: _____ City: _____ State: _____ ZIP: _____

County: _____ Please check if this is a new address or change in information.

Home: _____ Business: _____ Ext.: _____ Cell: _____

Colleague ID #: _____ (assigned by college if new student) Date of birth: _____

Email address: _____

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 (Check all that apply)

- American/Alaska native
- Asian
- Black/African-American
- Hawaiian/Pacific Islander
- Hispanic/Latino
- Non-Hispanic/Non-Latino
- White

Gender

- Female Male

Employment status

- Full time (40 or more hours/week)
- Part time (39 or fewer hours/week)
- Retired
- Unemployed (not seeking)
- Unemployed (seeking)

Course Number	Course Title	Location	M	T	W	Th	F	Sa	Su	Start Time	End Time	Start Date	End Date	Cost

TUITION AND FEE WAIVER – VERIFICATION STATEMENT

The State Board of Community Colleges grants permission to waive tuition and fees for enrollment in courses coded in the Master Course List and 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 completing or signing this form must pay the 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 a pending layoff.
- 3. I have never been employed.
- 4. I am working and eligible for the Federal Earned Income Tax Credit. **Please indicate the number of dependents living in your household:** _____
- 5. I am working and earn wages at or below 200 percent of the federal poverty guidelines.

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

Student signature: _____ Date: _____

College employee signature: _____ Date: _____