

## Office of the Registrar

300 Washington Avenue • Chestertown, MD 21620 PHONE 410-778-7299 • FAX 410-810-7159

EMAIL registrar@washcoll.edu WEB registrar.washcoll.edu

## EMPLOYEE TUITION WAIVER & REGISTRATION FORM

Employees of the College may use this form to apply for tuition waiver and register for one or more undergraduate or graduate level courses in the term specified. If the employee is seeking academic credit, additional information is required due to reporting requirements to the U.S. Department of Education. Registration is contingent upon course space availability and is subject to employee eligibility. For the list of Eligibility Guidelines, please visit the Office of Human Resources web page at http://hr.washcoll.edu.

## Instructions:

- 1. Complete this form, including the additional information required if seeking academic credit.
- 2. Obtain the required signatures from the Office of Human Resources, then submit the form to the Registrar's Office.

	ents of employees must							
Last Name First N			e	MI	Washingto	on College I	D#	
						J		
Job Title				FT/PT	Hrs/Wk	Visiting?	Hire Da	ate
<u> </u>								
Department Teleph Registration Information:			e Number		Email Add	Iress		
	Spring, or Summer)	2 0 Academic	Year	2 0				
Action Type (Add, Drop)	Credit Type (Credit, Audit, Pass/Fail)	Course Number and Section (XXX-111-10)	on			Days We		Credit Hours
Employee Reque	est & Supervisory App	oroval:						
waiver in exce graduate-leve - The employee	amed employee hereby ess of \$5,250 within the el courses is due upon s e's supervisor, by signi ustments required for th	e span of one cale submission of this ng this form, here	endar year cons s form. eby approves co	stitutes a ta ourse enroll	xable benefi ment, and a	t. The regis dditionally a	tration fe	ee for s any
Employee Signature						Date		
Supervisor Signa	ature		Supervisor Nar	me (please	print)	Date		
HR OFFICE USE ONLY  FT/PT Emp: Date:								