



WASHINGTON COLLEGE
EST. 1782

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.
3. Dependents of employees must use the **Dependent Tuition Waiver Form** to register for courses at the College.

Personal Information:

Last Name	First Name	MI	Washington College ID#
Job Title	FT/PT	Hrs/Wk	Visiting? Hire Date
Department	Telephone Number	Email Address	

Registration Information:

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2	0			-	2	0													
Academic Year																			
Semester (<i>Fall, Spring, or Summer</i>)																			

Action Type (Add, Drop)	Credit Type (Credit, Audit, Pass/Fail)	Course Number and Section (XXX-111-10)	Course Title	Days of Week	Credit Hours

Employee Request & Supervisory Approval:

- The above named employee hereby requests to use the Tuition Waiver benefit and acknowledges that graduate tuition waiver in excess of \$5,250 within the span of one calendar year constitutes a taxable benefit. The registration fee for graduate-level courses is due upon submission of this form.
- The employee's supervisor, by signing this form, hereby approves course enrollment, and additionally approves any schedule adjustments required for the employee to attend class if class contact hours occur during regular working hours.

Employee Signature	Date
Supervisor Signature	Supervisor Name (please print) Date

HR OFFICE USE ONLY		
FT/PT Emp: _____	HR Signature: _____	Date: _____