

EVERGREEN

Office of Registration and Records
(360) 867-6180 registration@evergreen.edu

TUITION WAIVER REQUEST FOR WASHINGTON STATE RESIDENTS 60 YEARS OR OLDER

Washington state residents 60 years or older may have tuition waived for up to two classes, totaling no more than eight (8) credits per quarter as a special (non-admitted) student. (This waiver is permitted under RCW 28B.15.540)

Evergreen has a limited number of waivers which will be awarded on a first come, first served basis.

This completed request from must accompany your signed and completed Special Student Registration Form.

Student Request

Name _____ Student ID number A
PLEASE PRINT

Quarter and year for which I am requesting a tuition waiver: _____

Birth date _____
Month Day Year

I understand that:

- I must be 60 years of age on or before the first day of classes for the quarter I am requesting this waiver.
- I am responsible to pay a Registration Fee and all individual charges, including, but not limited to: lab, materials and other class fees.
- I will not be eligible for financial aid, or other student services such as Media Loan privileges, Bus pass, student ID and other resources.
- I will be equally eligible to receive Academic Advising as all other students.
- I can register no sooner than the second day of class, on a space available basis.
- I will need a faculty signature indicating there is space available in the class on my Special Student Registration Form.
- If this request is approved, I can register for no more than two classes, totaling 8 a maximum of credits for the quarter.
- This waiver will not apply to Summer School, Extended Ed programs, Half-time (8 credit) Programs, Graduate Coursework, Individual Contracts or Internships.
- I certify that I am not using this waiver to take classes to increase my credentials or to receive a salary increase, as specified in RCW 28B.15.540.

I have attached a copy of my current Washington State driver's license or other photo identification showing my date of birth and current address.

Signature _____ Date _____

Faculty Statement

I understand that by supporting this special student I am verifying there is space in my class so that no regularly admitted student will be displaced.

Signature _____ Date _____