



Name: \_\_\_\_\_  
Last First Middle  
 SSN or Student ID: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 County of Residence: \_\_\_\_\_ Phone (H): \_\_\_\_\_ Phone (W/C): \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex:  Male  Female  
 Race:  White  African American  American Indian  Hispanic  Asian  Other/Unknown

Course #	Section #	Course Title	Course Dates/Time	Fee

Employment:  
 Full-Time  Part-Time (\_\_\_\_\_ hours per week)  Retired  Unemployed - Not seeking  Unemployed – Seeking  
 Employer: \_\_\_\_\_

<i>Highest Educational Level:</i>	
<input type="checkbox"/> Non-Graduate (Highest grade completed) _____	<input type="checkbox"/> GED <input type="checkbox"/> High School Graduate <input type="checkbox"/> Adult High School Diploma
<input type="checkbox"/> 1-year Vocational Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree or Higher	

**Law Enforcement/ Fire/ EMS:** *required for the registration fee exemption:*  
 Department: \_\_\_\_\_ Paid or Volunteer: \_\_\_\_\_ Job Title: \_\_\_\_\_

<b>HRD Class Registration and Fee Waiver Verification</b>		
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 the 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: (Please circle one)		
1. I am Currently Unemployed	4. I am working and earn wages at or below 200 percent of the federal poverty guidelines.	
2. I have received notification of pending layoff		
3. I am working and eligible for the Federal Earned Income Tax Credit.	Please indicate the number of dependents living in your Household _____	
Hourly Wage _____	Hours Per Week _____	Employment Start/End Date _____

Email: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Payment Information:</b>	
Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/>	
Credit Card Number: _____	
Card Holder's Name: _____	
Card Holder's Billing Address: _____	
Security Code: _____	Expiration Date: _____
Registration Fee: _____	Add'l Fee Amount: _____ Total Paid: _____
Card Holder Signature: _____	