

TUITION WAIVER FOR SENIOR CITIZENS AUDITING CLASSES ON A SPACE-AVAILABLE BASIS

1. **Who qualifies.**
 - People age 60 or older.
 - Meet residency requirements for state tuition.
2. **When to register.**
 - Beginning the 1st day of the quarter (or the equivalent for a class with a non-standard start date). Registration in the course earlier than that results in disqualification for the waiver.
3. **Cost.**
 - \$5.00 plus 100% of any fees attached to the class. *The student is responsible to pay such fees as the Campus Enhancement Fee (\$5 per credit), Technology Fee (\$3.50 per credit), Lab and class fees (see Class Schedule), art supplies, parking fees, and any other class or campus fees assigned to the course.*
4. **Eligible classes.**
 - This tuition waiver is not available for correspondence, portfolio development, community service, self-support, special projects courses, or for courses where the instructor may expect to receive additional pay or the College is paying special fees to support the class.
5. **How to start?**
 - Email the instructor of the class that interests you to ask for permission to audit. The instructor will indicate if they believe there might be room in the class.
 - If the instructor agrees to add you to the class, forward the instructor permission and this form (both sides should be completed) to the Registration Office at registration@everettcc.edu. Please note that instructor permission is only valid for 2 business days.
 - If you have registration questions, call 425-388-9219.

STUDENT INFORMATION

First Name _____ Middle Name _____
 Last Name _____ Student I.D. number _____
 Quarter (check one): Fall Winter Spring Summer Year: _____

COURSE INFORMATION

(Maximum: two courses)

Audit (no credit)	Item #	Course and Number	Section	Course Title	Credits	Instructor Signature for approval to register on a space available basis
X						
X						

For office use: FP 10 and audit only.

Everett Community College does not discriminate based on, but not limited to, race, color, national origin, citizenship, ethnicity, language, culture, age, sex, gender identity or expression, sexual orientation, pregnancy or parental status, marital status, actual or perceived disability, use of service animal, economic status, military or veteran status, spirituality or religion, or genetic information.

REGISTRATION FOR:

Fall 20 _____

Winter 20 _____

Spring 20 _____

Summer 20 _____

New Student

Returning Student

Last attended
EvCC in _____

Name: _____ **Student ID # :** _____

last first middle

Mailing address: _____ **Social Security # :** _____

Street City State Zip

Required by the federal Tax Payer Relief Act of 1997.

Day telephone: (____) _____ **Evening telephone:** (____) _____ **Previous name(s):** _____

Birthdate: _____ **E-mail:** _____

month day year

1. Have you lived in the state of Washington continuously for the past twelve (12) months?

Yes No **If No,** how long have you lived in Washington? _____

2. Are you claimed on income tax returns by an out-of-state parent/legal guardian?

Yes No

3. Are you receiving aid from an out-of-state agency based on being a resident of that state?

Yes No **If Yes,** please indicate which state: _____

4. Are you an active duty military person stationed in Washington or an active duty member of the Washington National Guard?

Yes No **If Yes,** please attach a copy of your orders and military ID or material verifying active status.

5. Are you the spouse or dependent of a person in active duty military status stationed in Washington State or an active member of the Washington National Guard?

Yes No **If Yes,** please attach a copy of the orders and your dependent card.

Check this box if US Citizen:

If not a US Citizen, what is your visa status?

Student visa (F, J or M) _____

Permanent Resident/Green Card

Refugee or Asylee

Other status/visa

No answer

Gender: F

M

Prefer not to answer

Did either of your parents (or guardian) earn a Bachelor's degree from a U.S. college or university?

Yes No

What is your program intent? (select one from below)

F Technical program, degree, certificate

B Academic Transfer to a 4-year college

D High school diploma or GED/ Adult Basic Education/ improve basic skills

L Personal interest

(If you are receiving financial aid, you must check F or B above)

Major/Program name: _____

Major/Program code: _____



All students regardless of the type of courses being taken may be charged fees. The College may block registration and/or withhold services until all outstanding fines and debts are resolved, including: unpaid tuition, fees, library fines, parking fines, etc. Student accounts should be cleared at least 24 hours prior to registration. I understand that by registering, I am taking personal responsibility to pay tuition and/or fees.

Outstanding debts are eventually referred to a collection agency, thus increasing the amount of the debt. I understand that I will be responsible for the collection fees, court fees, and attorney fees should my account be forwarded to collections.

Student Signature: _____

Date: _____

CLEARLY PRINT CLASS SCHEDULE BELOW

Mark X if audit.** Mark R if repeat.***	Item No.	Course	Section	Credits	Instructor Signature
** Audit means "no-credit". *** If you are repeating a course you must submit a repeat card immediately.				Total Credits:	

Social Security Number is used for several purposes:

- to administer financial aid
- to verify academic records
- to conduct research
- to report payments you made that may qualify for a tax credit or a tax deduction on your income tax return

In keeping with state and federal law, the college will protect your SSN/ITIN from unauthorized use and disclosure. We are required to ask for your SSN/ITIN. If you do not submit it, you will still be able to enroll at the college, but you may be subject to an IRS penalty of \$50

PLEASE ANSWER QUESTIONS ON THE OTHER SIDE