State Employee Tuition Waiver

Waiver Details and Instructions:
- Registration is completed by Enrollment Services staff. Enrollment earlier than the 1st instructional day of the quarter will result in disqualification for the Tuition Waiver.
- Registration using the State Employee Tuition waiver opens on the 1st instructional day of the quarter on a space available basis. Enrollment for TCC employees begins at 8:00AM. All other state employees, teachers, and K-12 classified staff begin enrollment at 12:00pm.
- This waiver may not exceed 2 classes or 10 credits per quarter.
- The cost is $5 per class plus applicable fees. Please note that applicable fees vary in cost depending on credit amount, term, and course; these can range from approx. $75 to $200+. Please check the “Tuition and Fees” section of our “Costs & Admission” webpage: https://www.tacomacc.edu/costs-admission/ tuition-payment/.
- Space Available Tuition Waivers cannot be used for courses in selective/competitive entry programs (e.g. BAS programs, Nursing, or Continuing Education/non-credit classes). Space available waivers may not be used to exceed posted class capacity, even with instructor overload approval.

Submit the completed form to the Enrollment Services Office in Building 7 (North entrance) or email to EnrollmentServices@tacomacc.edu.

Student ID: 
Last Name: 
First Name: 

☐ I am a Tacoma Community College employee, employed half-time (50%) or more.

Quarter: ☐ Fall ☐ Winter ☐ Spring ☐ Summer Year: _________

Employer Verification
I verify that the above-named student is employed with our organization in a permanent position, classified as half-time or more, and is eligible for a Tuition Waiver under provisions as amended in RCW 28B.15.558. Temporary employees are not eligible.

State Agency Name and Address: __________________________
_____________________________
_____________________________

Supervisor or Personnel Officer: ________________________
Printed Name & Title

Signature: ______________________ Date: ____________

Class Number | Subject | Course Number | Section | Credit
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By signing below, I acknowledge that I am responsible for the tuition and applicable college and course fees associated with any approved enrollment.

Student’s Signature: ___________________________ Date: ________________

03/18/2024 TAM