

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 (\$4.50 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						

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