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SECTION #

**FAYETTEVILLE TECHNICAL COMMUNITY COLLEGE**

**CORPORATE & CONTINUING EDUCATION**

**HRD FEE WAIVER & STUDENT REGISTRATION FORM**

|  |  |  |
| --- | --- | --- |
| **[ ]**  | **[ ]**  | **[ ]**  |

**TERM FALL SPR SUM**

Last name:       First Name:       MI:

Address:       City:       State:       Zip:

County:       County Code: (Office use only)

Social Security #:     -     -      Date of birth:      /     /

Email address:      @      Phone: (     )      -

**Highest education level completed:**

Highest grade completed

**Race** (Check all that apply)

Other

**Gender**

**Military:**

**Employment Status**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Title** | **Location** | **Start** | **End** | **Cost** |
|       |       |       |       | $      |

**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:** **[ ]** Yes [ ]  No – **Payment Required**

[ ]  I am currently unemployed.

[ ]  I have received notification of a pending layoff.

[ ]  I am working and eligible for the Federal Earned

Income Tax Credit.

Please indicate the number of dependents living in your household:

[ ]  I am working and earn wages at or below 200 percent of the federal poverty guidelines.

 [See Guidelines](https://www.federalregister.gov/d/2020-00858) (Click on to open)

**To qualify for a fee waiver, please complete the following information:** Starting with current or most recent employment

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employer and Job Title** | **Start/End Date** | **Length of****Employment** | **Hourly Wage** | **Hours Per Week** | **Comments** |
|       |       |       |       |       |       |
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**Would you like information about available accommodations for special needs?**

**I hereby verify that all information I have provided on this form is complete and accurate to the best of my knowledge.**

Student signature:       Date:

Staff signature: Date: