WASHINGTON COLLEGE
EST. 1782

Office of the Registrar
300 Washington Avenue • Chestertown, MD 21620
PHONE 410-778-7299 • FAX 410-810-7159
EMAIL registrar@washcoll.edu
WEB registrar.washcoll.edu

DEPENDENT TUITION WAIVER & REGISTRATION FORM

Employees of the College may use this form to apply for tuition waiver and register for one or more undergraduate or graduate level courses on behalf of their eligible dependent. If the employee's dependent is seeking academic credit, additional information is required due to reporting requirements to the U.S. Department of Education. Registration is contingent upon course space availability and is subject to employee eligibility. **For the list of Eligibility Guidelines, including the definition of a dependent, please visit the Office of Human Resources web page at http://hr.washcoll.edu.**

Instructions:

1. Complete this form, including the additional information required if seeking academic credit.
2. Obtain the required signatures from the Office of Human Resources, then submit the form to the Registrar's Office.
3. Employees must use the **Employee Tuition Waiver Form** to register for courses at the College.

Employee Information:

Last Name	First Name	MI	Washington College ID#		
Job Title		FT/PT	Hrs/Wk	Visiting?	Hire Date
Department	Telephone Number		Email Address		

Dependent Information:

Last Name	First Name	MI	Washington College ID#
Address (including City, State, and ZIP)	Telephone Number		SSN *(required if courses are for credit)*

Registration Information:

	2	0			-	2	0		
Semester (*Fall, Spring,* or *Summer*)	Academic Year								

Action Type (Add, Drop)	**Credit Type** (Credit, Audit, Pass/Fail)	**Course Number and Section** (XXX-111-10)	**Course Title**	**Days of Week**	**Credit Hours**

The above named employee hereby requests to use the Tuition Waiver benefit on behalf of a dependent and acknowledges that tuition waiver in excess of $5,250 within the span of one calendar year constitutes a taxable benefit. The registration fee for graduate-level courses is due upon submission of this form.

Employee Signature	Dependent Signature	Date

HR OFFICE USE ONLY

FT/PT Emp: _____ HR Signature: _____ Date: _____

Rev. 9/19/2012