



evergreen

Office of Registration and Records
(360) 867-6180 registration@evergreen.edu

**TUITION WAIVER REQUEST
FOR WASHINGTON STATE RESIDENTS 60 YEARS OR OLDER**

Washington state residents 60 years or older may have tuition waived for up to two courses, totaling no more than eight (8) credits per quarter as a special (non-admitted) student. (This waiver is permitted under RCW 28B.15.540)

Evergreen has a limited number of waivers which will be awarded on a first come, first served basis.

This completed request from must accompany your signed and completed Special Student Registration Form.

Student Request

Name _____ Student ID number A
PLEASE PRINT

Quarter and year for which I am requesting a tuition waiver: _____

Birth date _____
Month Day Year

I understand that:

- I must be 60 years of age on or before the first day of classes for the quarter I am requesting this waiver.
- I am responsible to pay a Registration Fee and all individual charges, including, but not limited to: lab, materials and other class fees.
- I will not be eligible for financial aid, or other student services such as Media Loan privileges, Bus pass, student ID and other resources.
- I will be equally eligible to receive Academic Advising as all other students.
- I can register no sooner than the second day of the quarter, on a space available basis.
- I will need a faculty signature indicating there is space available in the course on my Special Student Registration Form.
- If this request is approved, I can register for no more than two courses, totaling 8 a maximum of credits for the quarter.
- This waiver will not apply to Summer School (or other self-sustaining programs), Half-time (8 credit) Programs, Graduate Coursework, Individual Contracts or Internships.
- I certify that I am not using this waiver to take classes to increase my credentials or to receive a salary increase, as specified in RCW 28B.15.540.

I have attached a copy of my current Washington State driver's license or other photo identification showing my date of birth and current address.

Signature _____ Date _____

Faculty Statement

I understand that by supporting this special student I am verifying there is space in my class so that no regularly admitted student will be displaced.

Signature _____ Date _____