



WASHINGTON COLLEGE
EST. 1782

Office of the Registrar
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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 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 a change in employment status during the period of a tuition waiver may affect the taxability of this benefit.

Employee Signature		Dependent Signature		Date	

HR OFFICE USE ONLY		
FT/PT Emp: _____	HR Signature: _____	Date: _____