

Senior Citizen's Reduced Tuition Program

Student Name					
L	ast		Fi	irst	Middle Initial
ctcLink ID Number			Birthdate		(MM-DD-YYYY)
	ing purposes. Plea	se note: Self-Suppo			take courses for personal enrichment and Business Training Center courses
students will not r course, <u>plus fees</u> .	eceive credit or a Students who aud	grade for the class.	In place of the red to sit in the c	egular tuition	tes on an audit basis. This means in rates, students will be charged \$5 per ive instruction. Actual participation in
 Must be at least 60 years of age by the first day of the quarter. Must be a WA state resident who has currently lived in the state for 12 consecutive months or longer. Do not register yourself for classes. On or after the first day of the quarter, you must obtain instructor permission on a space-available basis*. If you email** the instructor to ask for permission, you may forward their response, with this form attached, to registration@edmonds.edu. You may also print this form and the email out and submit them in-person to the Enrollment Services office, 1st floor LYN hall. Be aware that this waiver form must be completed each quarter. Limited to no more than two courses per quarter. Courses must be audited (no credit or grades will be awarded for the class.) Courses cannot be used to earn a degree or certificate. Courses cannot be used to meet job requirements resulting in certification or salary increases. *Space-available means that there must be a seat that would otherwise go unoccupied. If instructor's permission is obtained before the first day of the quarter, it'll be rejected and new permission must be obtained. Please note: if you enroll or waitlist before the first day of the quarter, you can't use the tuition waiver. (Strictly enforced). **Make sure the email clearly mentions the exact class and its unique class number (e.g. "ENGL 101, class #12345"). You should also clarify that it's for a space-available tuition waiver. 					
CLASS #	DEPT.	COURSE #	SECT.	UNITS	INSTRUCTOR SIGNATURE
[Example] 12345	ENGL	101	03	5	[you may also forward an email]
I certify that I am at least 60 years old, that I am not pursuing a degree or certificate, or taking courses that will result in job certification or salary increases. I am taking courses only for the purpose of personal enrichment and life-long learning.					
Signature			 Date		Quarter

Forward this form with the instructor's permission to registration@edmonds.edu, or bring this form with the instructor's signature or printed email to the Enrollment Services office. You may do this no earlier than the first day of the quarter in which you are registering.