Fort Lewis College employees who are eligible for benefits may request the opportunity to take a limited number of courses for which the tuition may be waived. Full-time employees are allowed to take eight credit hours per fiscal year, and part-time employees may take a proportional number of hours (i.e. half-time staff would be eligible for four credit hours, three-quarter time staff would be eligible for six credit hours, and so on).

*Enrollment is limited to those cases in which classroom space is available without eliminating a tuition-paying enrollee.*

1. **COMPLETE** the attached **TUITION WAIVER REQUEST FORM**
   **DEADLINE:** 15th Day of the month PRIOR to the first day of classes

   Complete and sign the employee portion of the Tuition Waiver Request Form.
   Attach course description(s).
   Obtain approval from your immediate supervisor.
   Submit the waiver form to the Office of Human Resources. Human Resources will determine eligibility to participate in the Tuition Waiver program.

   After approval from Human Resources, you will take the Tuition Waiver Request form to the appropriate Vice President for their approval.

2. **APPLY FOR ADMISSION**—After Vice President approval, bring the form to the Office of Admission (for undergraduate courses) or Teacher’s Education Office (for graduate courses) and apply for admission.

   Any employee eligible for benefits and who wishes to take a class under the **Staff Study Privileges Policy** must follow regular admission requirements and be accepted to Fort Lewis College.

3. **COMPLETE and SUBMIT** the attached **EMPLOYEE TUITION WAIVER ADD FORM**
   **DEADLINE:** Census Date

   All faculty and staff wishing to take a class **may attend class with the professor’s permission, but will not be officially registered until after census date.**

   Please complete the employee portion of the Tuition Waiver Add Form and have the instructor of the course(s) sign the form.
   Submit it to the Registrar’s Office no later than the census date.
   **IMPORTANT: DO NOT TRY TO REGISTER YOURSELF FOR THE CLASS. THE REGISTRAR’S OFFICE WILL REGISTER YOU.**

4. **FINANCIAL AID REVIEW**—After admission and registration, it is important to have the Office of Financial Aid review your status. If you are enrolled in other classes or if you are degree-seeking, the Tuition Waiver benefit may affect other sources of financial aid.

5. **COMPLETION**—Bring the completed form to the Controller’s Office (Accounts Receivable) to correct the balance on your tuition bill.
### Fort Lewis College Tuition Waiver Request

**Employee Name**

**Employee ID**

**Phone**

<table>
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<tr>
<th>Course(s)</th>
<th>Credit Hours</th>
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**Circle one of the following:**
- Classified Staff
- Exempt Staff
- Faculty

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<tr>
<th>Full Time</th>
<th>Part Time</th>
<th>Months/Year</th>
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<tr>
<td>40</td>
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**PLEASE BE SURE TO ATTACH A COURSE DESCRIPTION FOR EACH COURSE LISTED:**

**Please explain why you want to take this course and how you will make up the missed time from your job (if applicable):**

- ______________________________________________________
- ______________________________________________________
- ______________________________________________________
- ______________________________________________________

**EMPLOYEE SIGNATURE**

- ____________________________________ DATE ___________

*(BY SIGNING THIS FORM, THE EMPLOYEE ACKNOWLEDGES THAT HE/SHE HAS READ THE PROCEDURES AND UNDERSTANDS THE CONSEQUENCES FOR FAILURE TO FOLLOW THESE PROCEDURES.)*

**SUPERVISOR APPROVAL**

- ____________________________________ DATE ___________

**Human Resources**

- _______________________________ Date _______ Credits Allowed _______

**Vice President**

- _______________________________ Date _______

**Office of Admission/Teacher’s Ed**

- _______________________________ Date _______

**Registrar’s Office**

- _______________________________ Date _______

**Financial Aid Office**

- _______________________________ Date _______

**Accounts Receivable**

- _______________________________ Date _______
Fort Lewis College
Tuition Waiver Add Form

Office Use:
Rec’d by__________
Date____________

ID#____________________  Name______________________________________Term/YR__________
   (Last)  (First)  (MI)

Address______________________________________________________________________________
   (Street)     (City)  (State)  (Zip)

Phone_______________________________  Email___________________________________________

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<tr>
<th>CRN#</th>
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Student’s Signature                               Date

Instructor’s Signature                             Date