Washington State
COMMUNITY COLLEGE

DEPENDENT'S FEE WAIVER APPROVAL FORM

Employee's Name:	Status: FT PT Adjunct Faculty	Date:
Dependent's name:		
Relationship to employee:		
Quarter: Summer _____ # of Classes Fall _____ # of Classes	Winter _____# of Classes Spring _____# of Classes	
Note: "Dependent" for the purposes of fee waiver is defined as a spouse, an unmarried child (including step-child) to age 19; or an unmarried child (or stepchild) to age 25 if he/she is a dependent for income tax purposes.		
Note: Dependents will pay for textbooks and all materials or supplies, registration, technology and laboratory fees.		

By signing below, I authorize that my dependent meets the above requirements of the fee waiver policy.

_____ _____
Employee's Signature Date

_____ _____ **Approval: ___Yes ___No**
Director of Human Resources Date

DO NOT WRITE BELOW

Copy to: Employee, Records Office
Original to: Human Resources

Student Type: ID _____
OD _____

A NEW FORM MUST BE SUBMITTED TO HR PRIOR TO REGISTRATION EACH QUARTER

Rev. 2-28-09