

Enrollment Services

Space Available Waiver Request

Student name _____ Phone _____

E-mail _____ ID _____

Waiver requested:

- Senior, sixty years of age or older, must audit (RCW 28B.15.540) (\$5.00 per quarter *plus fees*)
- State employee (10% discount on current resident tuition rate, 1-10 credits only, *plus fees*). Please fill out "State Employee" section on back of page and have signed by your State Human Resource personnel.
- Olympic College employee (Please see cashier for amount due). Please fill out "Olympic College" section on back of page and have signed by your Olympic College Human Resource personnel.

School District employee: Please use "School District" Space Available Waiver form.

Quarter: Summer Fall Winter Spring Year: 20_____

Student Signature _____ Date _____

Instructions:

- Submit form with a completed registration form to the Registration and Records Office on or before the fifth day of the quarter. Verification of employment or age status is required at the time of submission.
- **Attend all classes** during the first week of the quarter and at the first class, tell the instructor that you wish to use a Space Available Waiver.
- **Registration:** If space becomes available, you will be officially registered between the sixth and tenth day and the staff will contact you if possible. If registered in the class, your name will appear on the instructor's tenth day roster and on your OASIS quarter schedule. If you do not receive notice of enrollment during the second week, contact the Registration and Records office on or before the tenth day of the quarter.
- **Payment** is due within two working days after official registration. Students must arrange for payment by the deadline or be dropped from the class. Contact the Cashier at 360-475-7181 or use OASIS online to make payment.

Limits/exclusions:

- ❖ This waiver cannot be used for zero credit, independent study, hybrid or online classes.
- ❖ Senior citizens (sixty years or older) are limited to two space available classes per quarter and must audit classes.
- ❖ Students may register for a class using this waiver if the class does not reach its student limit during the first five days of the quarter (dates vary for late starting classes).

Registration and Records Office use only:

Accepted Item number(s): _____ Date(s): _____
 Not accepted Item number(s): _____ Date(s): _____

Reason _____

Student contact: Talked to student Left message with family member
 Left message on answering machine E-mailed student

Notes: _____

R&R signature _____ Date _____

Time: _____

Date: _____

Office use only: Waiver type: _____

VERIFICATION OF WAIVER ELIGIBILITY

Washington State Employee

- To be completed by **state employee's** personnel office.

I verify that the above full-time employee works at _____

(Washington State agency name)

This employee is a permanent state employee, 50% or greater with benefits, as stipulated by RCW Chapters 28B.16 and 41.06.

Signature of state personnel officer _____ Work phone _____

Date _____

Olympic College Employee

- This employee is a permanent **Olympic College** employee, 50% or greater with benefits, as stipulated by RCW Chapters 28B.16 and 41.06.

Signature of Olympic College Supervisor _____ Work phone _____

Date _____

Olympic College employees are eligible for an adjusted work schedule with the approval of their supervisor.