Space Available Waiver Request
School District Employee

Student name __________________________________________ Phone ________________________
E-mail ______________________________________________ ID ____________________________

☐ School District employee (10% discount on current tuition rate, 1-10 credits only, plus fees) See Back

Quarter: ☐ Summer ☐ Fall ☐ Winter ☐ Spring Year: 20____

Student Signature ____________________________________ Date ________________________

VERIFICATION OF WAIVER ELIGIBILITY

■ See back of this page for School District Employee verification of waiver eligibility.

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).

Instructions:

▪ Submit this form with a completed registration form to the Registration and Records Office on or before the fifth day of the quarter. Verification of employment is required at the time of submission.

▪ Attend all classes during the first week of the quarter. 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 staff will contact you. 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. Contact the Cashier at 360-475-7181 or use OASIS online to make payment.

▪ Limits/exclusions:
  ➢ This waiver cannot be used for co-op, zero credit, independent study, practicum, or private music instruction classes.
  ➢ May be used for online courses ONLY if taught by an Olympic College instructor.
  ➢ If you decide not to attend or have questions please contact Registration at 360-475-7650 or email registration@olympic.edu.

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 ☐ Emailed student
Notes: ________________________________________________

R&R signature ___________________________ Date ________________
SCHOOL DISTRICT EMPLOYEES ONLY
TO BE COMPLETED BY EMPLOYEE’S SUPERVISOR OR HUMAN RESOURCE OFFICE

I, ______________________________________, certify that ________________________________

School District Human Resource Personnel (please print name)       Employee Name (please print name)

Is an eligible state employee employed halftime or more with

______________________________________________

School District

and holds the position of ________________________________

Title

__________________________

Signature  Human Resource Personnel

__________________________

Printed name of Human Resource Personnel

__________________________

School District

__________________________

Telephone Number of Human Resource Personnel