



**WASHINGTON PUBLIC EMPLOYEE
TUITION WAIVER PACKET
2022-2023**

Thank you for choosing CPTC! We are excited to have you join us.

Please carefully read the following information and steps for registration using the Washington Public Employee Tuition Waiver.

All forms required to complete your application and registration process are included in this packet.

If you have any questions, please contact the Enrollment Services Office at 253-589-5666 or email studentrecords@cptc.edu.

Enrollment Services Office Hours:

Monday to Thursday – 7:30am – 4:30pm
Friday – Closed

REGISTRATION DATES

Dates below are the earliest you can register for classes using the WA Public Employee Tuition Waiver. If you register prior to this date, you will be charged full tuition and fees, and no refund will be issued if you apply for the waiver after you register.

2022-2023 Registration Dates				
	Summer 2022	Fall 2022	Winter 2023	Spring 2023
CPTC Employees	July 7	Sept 28	Jan 5	Apr 5
Other Employees	July 8	Sept 29	Jan 6	Apr 6
Quarter Start	July 5	Sept 26	Jan 3	Apr 3

YOUR NEXT STEPS:

- **ADMISSIONS** – Apply to CPTC at www.cptc.edu/apply.
 - If you are unable to complete the application online, an electronic paper version of the Admission Form (2 pages) is included in this packet.
 - Skip this step if you have completed the admission process within the last year and have a Student ID Number.

- **INSTRUCTOR PERMISSION** – Registration after the quarter starts require an instructor's permission.
 - You may use the Instructor Permission Form included in this packet, or
 - An email from the instructor allowing you to register after the quarter starts may be accepted.
 - **Important Note:** Make sure your permission indicates approval for late registration. CPTC employees register 2 days after, and all other state employees register 3 days after the quarter begins.

- **REGISTRATION FORM** – Complete the Registration Form (2 pages) included in this packet.

- **WA PUBLIC EMPLOYEE TUITION WAIVER FORM** – Complete the waiver form included in this packet.
 - You and your supervisor or Human Resources/Personnel Office will complete and sign the appropriate sections of the waiver form.

- **SUBMIT YOUR FORMS** – Submit all paperwork to the Enrollment Services Office, Attn: Tuition Waiver. Your registration will not be processed if all required paperwork is not received. You may submit your paperwork:
 - Enrollment Services Office, Building 17, Lakewood Campus,
 - Email to studentrecords@cptc.edu,
 - Upload using Virtual Drop Box: www.cptc.edu/virtual, select *Enrollment Services*,
 - Mail to: Enrollment Services, Attn: Tuition Waiver
4500 Steilacoom Blvd SW, Lakewood, WA 98499
 - Submit **all required paperwork together**. Paperwork received separately will be considered incomplete and will not be processed.
 - Required paperwork include:
 1. Online or attached Admission Form (*not needed if you previously completed*)
 2. Instructor Permission
 3. Registration Form
 4. WA Public Employee Waiver Form

- **EMAIL CONFIRMATION** – An email confirmation will be sent to the email address provided on your registration form. You will be registered the morning of your registration date or date your packet is received if submitted after your registration date.

- **PAY YOUR FEES** – Fees are due once enrolled. Failure to pay your fees will result in your class(es) being dropped for non-payment. You may pay:
 - Online by logging into your ctcLink Student Homepage account.
 - *ind ctc in account activation instructions at* [cptc.edu a out ctclin students](http://www.cptc.edu/a_out_ctclin_students)
 - Phone with Cashier at 253-589-5505.



ADMISSIONS APPLICATION

Enrollment Services Office, Building 17 • 4500 Steilacoom Blvd SW, Lakewood WA 98499
 Phone: 253-589-5666 • Email: studentrecords@cptc.edu • Website: www.cptc.edu

To comply with federal laws, we are required to ask for your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). This information is used for several purposes: to administer financial aid, to verify academic records, to conduct research, and to report payments you made that may qualify you for a tax credit or a tax deduction on your income tax return. In keeping with state and federal law, the college will protect your SSN/ITIN from unauthorized use and disclosure. If you do not disclose your SSN/ITIN, you will not be denied admissions or enrollment to the college; however, you may be subject to an IRS penalty of \$50.

Please provide your legal sex as denoted on your birth certificate or driver's license per WAC 246-490-075 or WAC 308-104-0150. Gender Identity is collected after admission to the college and in student self-service.

ctcLink ID #		Previous Student ID # (if applicable)		*Required
BIO - DEMO INFORMATION				
Title	First Name *	Middle Name	Last Name *	Suffix
Social Security Number/ITIN		Date of Birth (mm/dd/yyyy) *	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X/Non-Binary <input type="checkbox"/> Unknown <input type="checkbox"/> Not Exclusively Female/Male	
ADDRESS				
Address Type * <input type="checkbox"/> Home <input type="checkbox"/> Mailing <input type="checkbox"/> Temporary <input type="checkbox"/> Billing <input type="checkbox"/> Other				
Address (Street or P.O. Box) *			Apartment / Unit #	
			City *	State *
			Zip *	
CONTACT INFORMATION				
<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Business <input type="checkbox"/> Other		Phone (area code)		Ext.
<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Business <input type="checkbox"/> Other		Phone (area code)		Ext.
EMERGENCY CONTACT INFORMATION				
Emergency Contact Full Name		Emergency Contact Phone (area code)		Relationship
EMAIL INFORMATION				
<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Campus <input type="checkbox"/> Other		Email Address *		
PROGRAM/PLAN INFORMATION				
Student Type * First Year Reapplying/Returning Running Start Youth Technical High School Transitional Studies International Student Continuing Education		Award Type * Certificate High School Diploma/Completion Associate Non-Award Seeking Baccalaureate Other: _____		Enrollment Status * <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Other
		Plan of Study *		Quarter & Year Plan Start * <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring 20_____
CITIZENSHIP & VISA INFORMATION				
Are you a U.S. Citizen? * <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, what type of VISA do you have? * <input type="checkbox"/> Immigrant/Permanent Resident* # _____ <input type="checkbox"/> International Student: <input type="checkbox"/> F1 <input type="checkbox"/> M1 <input type="checkbox"/> Other _____ <input type="checkbox"/> Refugee or Conditional Entrant <input type="checkbox"/> Visitor <input type="checkbox"/> Other, Explain: _____		<i>*Please attach a copy of both sides of your Permanent Resident Alien Card or I-94 Card so we may determine your residency for tuition paying purposes.</i>

ACADEMIC HISTORY

Last <u>High School</u> Attended *		City *	State *
Dates Attended (mm/dd/yyyy) * to	Did you Graduate? * <input type="checkbox"/> No <input type="checkbox"/> Yes, provide graduation date (mm/dd/yyyy)		Do you have a? <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED
Last <u>College/University</u> Attended		City	State
Dates Attended (mm/dd/yyyy) to	Did you Graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes, provide graduation date (mm/dd/yyyy) _____		

ETHNICITY INFORMATION

Our system is committed to racial equity and equal opportunity for all students. We collect information on race, ethnicity, and other student demographic data to measure our progress and guide our efforts to achieve these goals. Response or non-response to this section will not affect your consideration for admission.

Are you Hispanic or Latino? Yes No

What is your race? Select one or more

<input type="checkbox"/> WHITE	<input type="checkbox"/> HISPANIC / LATINO		<input type="checkbox"/> AMERICAN INDIAN / ALASKA NATIVE		
	<input type="checkbox"/> Argentinian	<input type="checkbox"/> Spanish-American	<input type="checkbox"/> Alaskan Athabaskans	<input type="checkbox"/> Hopi	<input type="checkbox"/> Shoshone
<input type="checkbox"/> BLACK / AFR AMERICAN	<input type="checkbox"/> Central American	<input type="checkbox"/> Spanish-Mexican	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Iroquois	<input type="checkbox"/> Shoshone Bannock Tribes
<input type="checkbox"/> African American	<input type="checkbox"/> Chicana/Chicano/Chicanx	<input type="checkbox"/> Sudamericana/Sudamericano/Sudamericanx	<input type="checkbox"/> Aleutian	<input type="checkbox"/> Jamestown Sklallam Tribe	<input type="checkbox"/> Sioux
<input type="checkbox"/> Black	<input type="checkbox"/> Chilean	<input type="checkbox"/> Tejano	<input type="checkbox"/> American Indian	<input type="checkbox"/> Kalispel Tribe of Indians	<input type="checkbox"/> Skokomish Indian Tribe
	<input type="checkbox"/> Colombian	<input type="checkbox"/> Uruguayan	<input type="checkbox"/> Apache	<input type="checkbox"/> Kiowa	<input type="checkbox"/> Snoqualmie Indian Tribe
<input type="checkbox"/> NATIVE HAWAIIAN/ OTHER PAC ISLNR	<input type="checkbox"/> Costa Rican	<input type="checkbox"/> Venezuelan	<input type="checkbox"/> Bannock	<input type="checkbox"/> Klamath Tribes	<input type="checkbox"/> Spokane Tribe of Indians
<input type="checkbox"/> Guamanian/Chamorro	<input type="checkbox"/> Cuban		<input type="checkbox"/> Blackfoot	<input type="checkbox"/> Kootenai Tribe	<input type="checkbox"/> Squaxin Island Tribe
<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Dominican		<input type="checkbox"/> Cherokee	<input type="checkbox"/> Lower Elwha Klallam Tribe	<input type="checkbox"/> Stillaguamish Tribe of Indians
<input type="checkbox"/> Samoan	<input type="checkbox"/> Ecuadorian		<input type="checkbox"/> Cheyenne	<input type="checkbox"/> Lumbee	<input type="checkbox"/> Suak Suiattle Indian Tribe
<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> El Salvadorian		<input type="checkbox"/> Chickasaw	<input type="checkbox"/> Lummi Nation	<input type="checkbox"/> Suquamish Tribe
	<input type="checkbox"/> Galapagos Islander		<input type="checkbox"/> Chippewa	<input type="checkbox"/> Makah Tribe	<input type="checkbox"/> Swinomish Indian Tribal Community
<input type="checkbox"/> ASIAN	<input type="checkbox"/> Guajira/Guajiro/Guajirx		<input type="checkbox"/> Choctaw	<input type="checkbox"/> Muckleshoot Indian Tribe	<input type="checkbox"/> Tlingit
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Guatemalan		<input type="checkbox"/> Coeur d Alene Tribe	<input type="checkbox"/> Navajo	<input type="checkbox"/> Tohono O'Odham
<input type="checkbox"/> Chinese	<input type="checkbox"/> Hispanic		<input type="checkbox"/> Comanche	<input type="checkbox"/> Nez Perce Tribe	<input type="checkbox"/> Tulalip Tribes
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Honduran		<input type="checkbox"/> Conf Salish & Kootenai Tribes	<input type="checkbox"/> Nisqually Indian Tribe	<input type="checkbox"/> Upper Skagit Indian Tribe
<input type="checkbox"/> Filipino	<input type="checkbox"/> La Raza		<input type="checkbox"/> Conf Tribes/Bands of Yakama Nation	<input type="checkbox"/> Nooksack Indian Tribe	<input type="checkbox"/> Yaqui
<input type="checkbox"/> Hmong	<input type="checkbox"/> Latina/Latino/Latinx		<input type="checkbox"/> Conf Tribes of Chehalis Reservation	<input type="checkbox"/> Osage	
<input type="checkbox"/> Japanese	<input type="checkbox"/> Mestiza/Mestizo/Mextiz		<input type="checkbox"/> Conf Tribes of Colville Reservation	<input type="checkbox"/> Paiute	
<input type="checkbox"/> Korean	<input type="checkbox"/> Mex-Amer, Mexican		<input type="checkbox"/> Conf Tribes of Grand Ronde	<input type="checkbox"/> Pima	
<input type="checkbox"/> Laotian	<input type="checkbox"/> Morena		<input type="checkbox"/> Conf Tribes of Siletz Indians	<input type="checkbox"/> Port Gamble Sklallam Tribe	
<input type="checkbox"/> Mienh	<input type="checkbox"/> Nicaraguan		<input type="checkbox"/> Conf Tribes of Umatilla	<input type="checkbox"/> Potawatomi	
<input type="checkbox"/> Other - Asian	<input type="checkbox"/> Nuevo Mexicano		<input type="checkbox"/> Conf Tribes of Warm Springs	<input type="checkbox"/> Pueblo	
<input type="checkbox"/> Thai	<input type="checkbox"/> Other - Hispanic		<input type="checkbox"/> Cowlitz Indian Tribe	<input type="checkbox"/> Puget Sound Salish	
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Panamanian		<input type="checkbox"/> Cree	<input type="checkbox"/> Puyallup Tribe	
	<input type="checkbox"/> Paraguayan		<input type="checkbox"/> Creek	<input type="checkbox"/> Quileute Tribe	
<input type="checkbox"/> OTHER NOT LISTED	<input type="checkbox"/> Peruvian		<input type="checkbox"/> Crow	<input type="checkbox"/> Quinault Indian Nation	
<input type="checkbox"/> _____	<input type="checkbox"/> Puerto Rican		<input type="checkbox"/> Delaware	<input type="checkbox"/> Samish Indian Nation	
<input type="checkbox"/> _____	<input type="checkbox"/> South American		<input type="checkbox"/> Eskimo	<input type="checkbox"/> Seminole	
	<input type="checkbox"/> Spanish		<input type="checkbox"/> Hoh Indian Tribe	<input type="checkbox"/> Shoalwater Bay Indian Tribe	

SUPPLEMENTAL QUESTIONS	
Have you been in Washington State, federal, or tribal foster case for at least one day since your 13th birthday? Former Foster Youth may qualify for educational benefits and support services. *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has either of your parents earned a High School Diploma? * <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has either of your parents earned a bachelor's (4-year) degree? * Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
If employed, are you employed full-time? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not employed, are you seeking employment? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Veterans and/or their dependents may qualify for educational benefits. Please indicate if you would like additional information. *	<input type="checkbox"/> Yes <input type="checkbox"/> No

NON-DISCRIMINATION POLICY: Clover Park Technical College does not discriminate on the basis of race, color, national origin, sex, disability, sexual orientation/gender identity, veteran's status, religion, or age in its program and activities. The following office has been designated to handle inquiries regarding non-discrimination policies: Chief Human Resources and Legal Affairs Officer, 4500 Steilacoom Blvd SW, Lakewood, WA 98499. Telephone (253) 589-5533.

LIMIT OF LIABILITY: The College's total liability for claims arising from a contractual relationship with the student in any way related to classes or programs shall be limited to the tuition and expenses paid by the student to the College for those classes or programs. In no event shall the College be liable for any special, indirect, incidental, or consequential damages, including but not limited to, loss of earnings or profits. By signing this document, student agrees to be bound by CPTC policies and procedures as set forth in the Student Handbook and online.

ACKNOWLEDGEMENT	
Student Signature	Date



RESIDENCY FORM
 Enrollment Services Office | Building 17
 4500 Steilacoom Blvd SW | Lakewood WA 98499
 Phone: 253-589-5666 | Email: residency@cptc.edu

*Required

ctcLink ID #	Previous Student ID # (if applicable)	Full Name
Email Address		
RESIDENCY QUESTIONS		
Do you understand your response to residency questions will not affect your consideration for admissions? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. Citizen? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you lived in the State of Washington for the past 12 consecutive months? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Driver's License or state ID? * If YES , which state issued your license or ID? * _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a registered vehicle? * If YES , which state issued your vehicle registration? * _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you receiving financial assistance from another state? * If YES , which state provides your financial assistance? * _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you under the age of 24? * If YES , answer questions a & b below.		<input type="checkbox"/> Yes <input type="checkbox"/> No
a) For the current or past calendar year, will/did your mother, father, legal court-appointed guardian claim you as a dependent for federal income tax purposes? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Has your mother, father, or legal court-appointed guardian lived in the State of Washington for the past 12 consecutive months? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an active duty member of the U.S. Armed Forces or Washington National Guard? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the spouse/dependent of an active duty military person stationed in Washington or an active duty member of the Washington National Guard? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES , have you separated from active duty in the last 12 months? *		<input type="checkbox"/> Yes <input type="checkbox"/> No

Tuition for CPTC is calculated based on your residency status.
 For detailed information on residency requirements, please visit: www.cptc.edu/enrollment-services/residency.

By signing this document, I am confirming that the information provided is true and correct to the best of my knowledge. I understand that my response to these questions will not affect my admission to Clover Park Technical College.

ACKNOWLEDGEMENT	
Student Signature	Date

Office Use Only		
Received Date _____	Received By _____	Classification By _____
Residency Classification		
<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident	<input type="checkbox"/> Undetermined
<input type="checkbox"/> Active Military Duty (09)	<input type="checkbox"/> Permanent Resident (verified)	<input type="checkbox"/> Refugee
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Non-Resident Waiver (29)
		<input type="checkbox"/> International



PLEASE PRINT

Quarter of Registration SUMMER FALL WINTER SPRING 20____

Registration Form

STUDENT ID NUMBER	LAST NAME	FIRST NAME	MI	BIRTHDATE	SEX
					<input type="checkbox"/> M <input type="checkbox"/> F
SOCIAL SECURITY NUMBER	PREVIOUS LAST NAME	TELEPHONE CONTACT NUMBERS			
		<input type="checkbox"/> NEW STUDENT <input type="checkbox"/> FORMER STUDENT			
* I authorize this college to use my Social Security Number to obtain employment and wage information held by the Employment Security Department for the purposes of state and federal educational reporting, evaluation and research.		CELL PHONE		OTHER PHONE	
<input type="checkbox"/> Yes, I give my consent. <input type="checkbox"/> No, I do not consent to the use of my SSN for the above stated purpose.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
CURRENT ADDRESS	STREET		APT #		
	CITY	STATE	ZIP		E-MAIL ADDRESS
STUDENT PURPOSE	WHAT IS YOUR GOAL FOR ATTENDING CPTC? <input type="checkbox"/> (11) Take courses related to current/future work <input type="checkbox"/> (13) High school diploma or GED <input type="checkbox"/> (12) Transfer to a 4-year college <input type="checkbox"/> (14) Explore career direction <input type="checkbox"/> (15) Personal enrichment <input type="checkbox"/> (90) Other				
U. S. CITIZEN?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, check type of Visa) <input type="checkbox"/> Resident Alien/Immigrant (IM) <input type="checkbox"/> Student (M1) <input type="checkbox"/> Refugee (RF) <input type="checkbox"/> Visitor Business (B1) <input type="checkbox"/> Visitor Pleasure (B2) <input type="checkbox"/> Other (ZZ) _____				
DISABILITY?	<input type="checkbox"/> Yes <input type="checkbox"/> No Do you have physical, sensory or mental impairment that substantially limits one or more of the major life functions such as seeing, hearing, speaking, walking, breathing, working with your hands, learning, caring for self or working? To request accommodations, contact Advising/Counseling at (253) 589-5767.				

ITEM #	COURSE ID	TITLE	START DATE

NEW STUDENTS: You must complete all the questions on the reverse side of this page.

STUDENT SIGNATURE	DATE
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By signing this document, student agrees to be bound by CPTC policies and procedures as set forth in the Student Handbook and online.

*To comply with federal laws, we are required to ask for your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). We will use your SSN/ITIN to report American Opportunity tax credit, to administer state/federal financial aid, to verify enrollment, degree and academic transcript records, and to conduct institutional research. If you do not submit your SSN/ITIN, you will not be denied access to the college; however, you may be subject to civil penalties (refer to Internal Revenue Service Treasury Regulation 1.6050S-1(e) (4) for more information). Pursuant to state law (RCW 28B.10.042) and federal law (Family Educational Rights and Privacy Act), the college will protect your SSN from unauthorized use and/or disclosure.

NON-DISCRIMINATION POLICY: Clover Park Technical College does not discriminate on the basis of race, color, national origin, sex, disability, sexual orientation/gender identity, veterans status, religion, or age in its programs and activities. The following office has been designated to handle inquiries regarding the non-discrimination policies: Chief Human Resources and Legal Affairs Officer, 4500 Steilacoom Blvd SW, Lakewood, WA 98499. Telephone (253)589-5533.

LIMIT OF LIABILITY: The College's total liability for claims arising from a contractual relationship with the student in any way related to classes or programs shall be limited to the tuition and expenses paid by the student to the College for those classes or programs. In no event shall the college be liable for any special, indirect, incidental, or consequential damages, including but not limited to, loss of earnings or profits.

EDUCATIONAL BACKGROUND	LAST HIGH SCHOOL ATTENDED	CITY	STATE	LAST YEAR ATTENDED	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
	LAST COLLEGE ATTENDED	CITY	STATE	LAST YEAR ATTENDED	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
LIMITED ENGLISH PROFICIENCY	<input type="checkbox"/> (2) YES An individual not born in the United States or whose native language is a language other than English, and who by reason thereof, has sufficient difficulty speaking, reading, writing, understanding the English language.				

Student information will be protected by the Educational Rights & Privacy Act of 1974. Information is requested to comply with state and federal requirements.

PLEASE MARK THE NUMBER THAT BEST APPLIES TO YOU

Which race do you consider yourself to be?

(Please mark up to two choices)

- White (800)
- African/American (872)
- American Indian (597)
- Alaska Native (015)
- Native Hawaiian (653)
- Other Pacific Islander (681)
- Vietnamese (619)
- Filipino (608)
- Chinese (605)
- Korean (612)
- Japanese (611)
- Other Asian (621)
- Other Race (specify) _____

Are you Spanish/Hispanic/Latino ethnicity?

- No (999)
- Yes, Mexican, Mexican American, Chicano (722)
- Yes, Cuban (709)
- Yes, Puerto Rican (727)
- Yes, Other Spanish/Hispanic/Latino (please specify)

What is your family status?

- (11) A single parent with children or other dependents in your care
- (12) A couple with children or other dependents in your care
- (13) Without children or other dependents in your care
- (90) Other _____

Have you served in the U.S. Armed Forces? (V\$)

Veterans and/or their dependents may qualify for educational benefits. Please call the VA at 1-888-442-4551 or go to www.gbill.va.gov for more information.

How long do you plan to attend Clover Park Technical College?

- (11) One quarter
- (12) Two quarters
- (13) One year
- (14) Up to two years
- (15) Complete a degree
- (16) Don't know
- (90) Other _____

What is your current work status while attending CPTC?

- (11) Full time homemaker
- (12) Full time employment (including self-employed and military)
- (13) Part time off campus
- (14) Part time on campus
- (15) Not employed, but seeking employment
- (16) Not employed, not seeking employment
- (90) Other _____

What is your prior level of education at entry to CPTC?

- (11) Less than high school graduate
- (12) GED
- (13) High school graduate
- (14) Some post high school, but no degree/certificate
- (15) Certificate
- (16) Associate degree
- (17) Bachelor's degree or above
- (90) Other _____

The college appreciates your response to the following questions. All information will be maintained with the strictest confidentiality.

What is your sexual orientation?

- Bisexual (72)
- Gay (99)
- Lesbian (21)
- Queer (28)
- Straight/heterosexual (23)
- Other (01)
- Prefer not to answer (57)

What is your gender identity?

- Feminine (22)
- Masculine (77)
- Androgynous (52)
- Gender neutral (35)
- Transgender (27)
- Other (01)
- Prefer not to answer (57)

MAIL TO:

Enrollment Services
 Clover Park Technical College
 4500 Steilacoom Boulevard S.W.
 Lakewood, WA 98499

Phone: (253) 589-5666
 FAX: (253) 589-5852

FOR OFFICE USE ONLY

- EHS Running Start
- HS Code _____ Grade
- HS Advisor _____

ACCUPlacer SCORES

W _____ R _____ PA _____
 A _____ WFT _____



Washington Public Employee Tuition Waiver Application (Space Available)

Section 1 To be completed by eligible state employee (See Reverse for eligibility and registration information)				
Student Number	Last Name	First Name	MI	
Address		Apt#	City	State Zip
Cell Phone		Other Phone		Date of Birth (MM/DD/YY)
Name of Agency/Department/Institution			Position Title	
How long at this Position (Yrs/Mos)			E-Mail Address	
I have read all the eligibility and registration instructions on the reverse side. By signing, I affirm that I meet the eligibility requirements and agree to the registration instructions			Signature Date	
Section 2 To be completed by employee's supervisor or personnel office. (See reverse for eligibility information)				
Name (Please Print)			Job Title	
Name of Agency/Department/Institution			Phone Number	
Address of Agency/Department/Institution		City	State	Zip
<p>Please check the appropriate box.</p> <p><input type="checkbox"/> I certify the person listed above is an eligible employee halftime or more</p> <p><input type="checkbox"/> I certify the person listed above is an eligible K-12 teacher or other certified instructional staffholding or seeking a valid endorsement and assignment in the state –identified shortage area of _____</p> <p>Pursuant to RCW28b.15.588 State and Educational Employees Tuition Waiver, Clover Park Technical College will waivetuition (operating and building fees) and services and activities fees for state employees and teachers and K-12 staff as listed below:</p> <p>Permanent employees in classified service under RCW 41.56 (State Civil Service Law)</p> <p><input type="checkbox"/> Permanent employees governed by RCW41.56 (Public Employees Collective Bargaining)</p> <p><input type="checkbox"/> Permanent employees and exempt paraprofessional employees of technical colleges</p> <p><input type="checkbox"/> Faculty, counselors, librarians and exempt professional/administrative employees at institutions of highereducation</p> <p><input type="checkbox"/> Teachers and other certificated instructional staff at public common and vocational schools holding or seeking a valid endorsement and assignment in a state-identified storage area.</p> <p><input type="checkbox"/> Classified staff employed at K-12 public schools, when the employee is taking courses relevant to their workassignment.</p>				
Under the eligibility requirements listed on the reverse side, I certify that the person listed above is eligible to enroll using the state tuition waiver.				
Signature			Date	

Eligibility requirements and registration instructions on reverse.

**CLOVER PARK TECHNICAL
COLLEGE PROCEDURE**

([CPTC Policy 3.20](#))

PROCEDURE

1. All public employees using the State and Educational Employees Tuition Waiver will apply for admission to Clover Park Technical College using either the online or paper application.
2. All public employees using this waiver will obtain permission from the Director of Enrollment Services or designee prior to registering for the classes.
3. Clover Park Technical College employees may register on a space available basis after day two (2) of the class start date.
 - a. Instructor Permission is required.
 - b. CPTC employees may not register prior to day two of the quarter to hold space in a class. There will be no refund to change to the tuition waiver.
 - c. If registering prior to day two of the class start date, full tuition and fees must be paid.
4. All other state and educational employees may register on a space available basis after day three (3) of the class start date. Instructor permission is required.
 - a. Must provide documentation of public employment in Washington State.
 - b. State and Educational Employees may not register prior to day three (3) of the class start date.
 - c. If registering prior to day three of the class start date, full tuition and fees must be paid. There will be no refund to change to the tuition waiver.
5. Students will pay fees upon registration to avoid being dropped for non-payment.
 - a. If using a voucher to pay fees, please see the principal accountant in the Budget and Finance office.

FEES: \$20.00 per credit up to ten (10) credits per quarter. In addition, students will be charged the comprehensive fee and may also incur special course fees, background check and testing fees.

Signature of Associate Dean of Student Success, Registrar, or Designee	Date
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