

STATE & EDUCATIONAL EMPLOYEE TUITION WAIVER PACKET

2025-2026

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 State and Educational 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, Tuesday, Thursday – 7:30am – 4:30pm Wednesday – 7:30am - 6pm *Friday – 7:30am - 12:00pm *Closed on Friday's during Summer quarter

REGISTRATION DATES

Dates below are the earliest you can register for classes using the this 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.

2025-2026 Registration Dates						
Summer 2025 Fall 2025 Winter 2026 Spring 2026						
CPTC Employees	July 3	Oct 1	Jan 8	Apr 1		
Other Employees	July 7	Oct 2	Jan 9	Apr 2		

Quarter Start	July 1	Sept 29	Jan 5	Mar 30
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YOUR NEXT STEPS:

ACTIVATE YOUR CTCLINK ACCOUNT

- For current and returning students only, you must activate your student ctcLink account to retrieve your ctcLink ID number and access your student portal. See next page for details and activation instructions.
- □ **ADMISSIONS** Apply to CPTC online at <u>www.cptc.edu/apply</u>.
 - Skip this step if you have completed the admission process within the last year and have a ctcLink ID number.

□ HAVE ALL THE FOLLOWING REQUIRED FORMS COMPLETED

- 1. **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 3 days after, and all other state employees register 4 days after the quarter begins.

- 2. ADD/DROP (REGISTRATION) FORM Complete the Add/Drop Form included in this packet.
- 3. **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 application.
- □ SUBMIT YOUR FORMS Submit all paperwork together. Paperwork received separately are considered incomplete and will automatically be denied, and registration will not be processed. Your registration will not be processed if all required paperwork is not received. Submit your paperwork to:
 - 1. Enrollment Services Office, Building 17, Lakewood Campus,
 - 2. Email to studentrecords@cptc.edu,
 - 3. Upload using Virtual Drop Box: www.cptc.edu/virtual, select Enrollment Services,
 - 4. 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:
- □ **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:
 - 1. Online by logging into your ctcLink student portal (Student Homepage or MyCC Highpoint)
 - 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 S	tudent ID # (if applicable)						
									*Required
BIO - DEI	MO INFORMATIO	N							
Title	First Name *		Middle Name		Last Name	*			Suffix
Social Sec	curity Number/ITIN		Date of Birth (mm/dd/yyyy)	*	Sex				
					Female	Male	Not Exclusively	Female/M	lale
	_								
ADDRESS									
Address (ype * ☐ Home Street or P.O. Box)	•	mporary \square Billing \square	Other Apartm	ent / Unit #				
71.000 (1	J. 101 J. 101 J. 101			7 4					
				City *			State *	Zip	*
CONTAC	T INFORMATION		Phone (area code)				Ext.		
☐ Mobile	☐ Home ☐ Work ☐	Business	(======================================						
			Phone (area code)				Ext.		
☐ Mobile	☐ Home ☐ Work ☐	Business	r none (area code)				LAL.		
EMAIL IN	IFORMATION		Email Address *						
Home	Business	us Other							
	NCY CONTACT I		Emanual Cantact F	Ohana /			Deletienski	-	
Emergenc	y Contact Full Nam	16	Emergency Contact F	none (area	a code)		Relationshi	p	
	M/PLAN INFORM	ATION Award Type *					Enrollment	Qua	rter & Year
Student Ty First Year		Certificate	High School I	Diploma/Cor	npletion		Status *		Start *
	ng/Returning	Associate	Non-Award S	Seeking			☐ Full-Time		ımmer
Running S	Start chnical High School	Baccalaureate	Other:				☐ Part-Time	☐ Fa	
	nal Studies	Plan of Study *					Other	☐ Sp	
	onal Student							20	
	ng Education MS OF STUDY A	 Т СРТС							
								_	
	Clover Park	Technical College of	fer over 100 degrees and	certificates	in over 40 pr	ograms fo	or you to choose	from.	
		Vis	sit our website at www.cpt	c.edu/prog	rams/schools	-			

Last High School Attended	led *		City *	State *		
Dates Attended (mm/dd/yyyy) * D	id you Graduate? *		Do you	have a?	
to		\square No \square Yes, provide graduation date (mm/dd/yyyy)			☐ High School Diploma ☐ GED	
Last College/University Attended			City	State	·	
				State		
Dates Attended (mm/dd/yyyy) D	id you Graduate?	L	L		
to		☐ No ☐ Yes, provide	graduation date (mm/dd/yyyy)			
Our system is committed to ra measure our progress and gu	cial equity and equal opportu					
Are you Hispanic or Lati What is your race? Sele						
□ WHITE	☐ HISPANIC	C / LATINO	☐ AMER	RICAN INDIAN / ALASK	A NATIVE	
	□ Argentinian	□ Spanish-American	□ Alaskan Athabaskans	□ Норі	□ Shoshone	
☐ BLACK / AFR AMERICAN	□ Central American	□ Spanish-Mexican	□ Alaska Native	□ Iroquois	□ Shoshone Bannock Tribes	
□ African American	□ Chicana/Chicano/ Chicanx	□ Sudamericana/ Sudamericano/ Sudamericanx	□ Aleutian	□ Jamestown Sklallam Tribe	□ Sioux	
□ Black	□ Chilean	□ Tejano	□ American Indian	☐ Kalispel Tribe of Indians	□ Skokomish Indian Tribe	
	□ Colombian	□ Uruguayan	□ Apache	□ Kiowa	□ Snoqualmie Indian Tribe	
☐ NATIVE HAWAIIAN/ OTHER PAC ISLNDR	□ Costa Rican	□ Venezuelan	□ Bannock	□ Klamath Tribes	□ Spokane Tribe of Indians	
☐ Guamanian/Chamorro	□ Cuban		□ Blackfoot	□ Kootenai Tribe	□ Squaxin Island Tribe	
□ Hawaiian	□ Dominican		□ Cherokee	□ Lower Elwha Klallam Tribe	□ Stillaguamish Tribe of Indians	
□ Samoan	□ Ecuadorian		□ Cheyenne	□ Lumbee	□ Suak Suiattle Indian Tribe	
□ Other Pacific Islander	□ El Salvadorian		□ Chickasaw	☐ Lummi Nation	□ Suquamish Tribe □ Swinomish Indian	
	☐ Galapagos Islander		□ Chippewa	□ Makah Tribe	Tribal Community	
☐ ASIAN	☐ Guajira/Guajiro/Guajirx		□ Choctaw	□ Muckleshoot Indian Tribe	□ Tlingit	
☐ Asian Indian	□ Guatemalan	_	☐ Coeur d Alene Tribe	□ Navajo	□ Tohono O'Odham	
□ Chinese	□ Hispanic		□ Comanche	□ Nez Perce Tribe	☐ Tulalip Tribes	
□ Combodian	□ Honduran		□ Conf Salish & Kootenai Tribes	□ Nisqually Indian Tribe	□ Upper Skagit Indian Tribe	
□ Filipino	□ La Raza		☐ Conf Tribes/Bands of Yakama Nation	□ Nooksack Indian Tribe	□ Yaqui	
□ Hmong	☐ Latina/Latino/Latinx		☐ Conf Tribes of Chehalis Reservation	□ Osage		
□ Japanese	□ Mestiza/Mestizo/Mextiz		☐ Conf Tribes of Colville Reservation	□ Paiute		
□ Korean	□ Mex-Amer, Mexican		☐ Conf Tribes of Grand Ronde	□ Pima		
□ Laotian	□ Morena	1	□ Conf Tribes of Siletz Indians	□ Port Gamble Sklallam Tribe		
□ Mienh	□ Nicaraguan		□ Conf Tribes of Umatilla	□ Potawatomi		
□ Other - Asian	□ Nuevo Mexicano	1	□ Conf Tribes of Warm Springs	□ Pueblo		
□ Thai	□ Other - Hispanic	-	□ Cowlitz Indian Tribe	□ Puget Sound Salish		
□ Vietnamese	□ Panamanian		□ Cree	□ Puyallup Tribe		
	□ Paraguayan]	□ Creek	☐ Quileute Tribe		
☐ OTHER NOT LISTED	□ Peruvian		□ Crow	☐ Quinault Indian Nation		
Δ	□ Puerto Rican		□ Delaware	□ Samish Indian Nation		
	□ South American	1	□ Eskimo	□ Seminole		
	□ Spanish	1	☐ Hoh Indian Tribe	☐ Shoalwater Bay Indian		

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. *	☐ Yes	□ No
Has either of your parents earned a High School Diploma? * ☐ Prefer not to answer	☐ Yes	□ No
Has either of your parents earned a bachelor's (4-year) degree? * Prefer not to answer	☐ Yes	□ No
Are you currently employed? *	☐ Yes	□ No
If employed, are you employed full-time? *	☐ Yes	□ No
If not employed, are you seeking employment? *	☐ Yes	□ No
Are you an active-duty member of the U.S. Armed Forces of Washington or National Guard? *	☐ Yes	□ No
Are you the spouse or dependent of an active-duty military person stationed in Washington or of the National Guard? *	☐ Yes	□ No
Have you seperated from active-duty in the last 12 months? *	☐ Yes	□ No
Veterans and/or their dependents may qualify for educational benefits. Please indicate if you would like additional information. *	☐ Yes	□ No

NON-DISCRIMINATION STATEMENT: Clover Park Technical College does not discriminate on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, or use of a trained guide dog or service animal. For inquiries please contact Title IX coordinator James Neblett, Associate Vice President for Human Resources & Culture, 253-589-5533, james.neblett@cptc.edu; or Section 504/disability coordinator Sarah Addington Manager of Student Disability Services, 253-589-5755, sarah.addington@cptc.edu. All offices are located in Building 17, 4500 Steilacoom Blvd SW, Lakewood, WA 98499.

CPTC non-discrimination statement is available in other languages at www.cptc.edu/non-discrimination.

ACKNOWLEDGEMENT

Student Signature	Date	

Washington State Higher Education Residency Affidavit



People who are eligible to sign this affidavit pay in-state (resident) tuition and fees. They also meet residency requirements for state financial aid programs. Check your school's residency website or contact the residency office for submission instructions. For private institutions, check your school's financial aid website or contact the financial aid office.

Eligibility Requirements

To be eligible to sign this affidavit, you must:

- Earn a high school diploma, GED, or diploma equivalent before your first term at the college determining residency, **and**
- Maintain a primary residence in Washington for at least 12 consecutive months immediately before your first term at the college determining residency.

Applicant Informa	Applicant Information					
Name						
Date of Birth (Month/Day/Year)						
ctcLink ID Number (if applicable)						

Certification

If you meet the eligibility requirements above, you must also sign this affidavit to qualify for residency. The affidavit is a promise between you and the institution determining residency. Please certify the following statement by signing below.

I certify that, by the official start date of my first term at the college determining residency, I will have met the eligibility requirements on this affidavit form and that one of the following is true:

- I will file an application to become a permanent resident of the United States as soon as I
 am eligible to apply. I am also willing to engage in activities designed to prepare me for
 citizenship, including citizenship or civics review courses, or
- I am a U.S. citizen, U.S. national, or U.S. permanent resident.

Signature	
Date	
Place (City, State)	



Students using the WA Public Employees Tuition Waiver register <u>after</u> the quarter starts. CPTC employees register after day 2, and all other state and educational employees register after day 3 of the quarter. (CPTC Policy 3.20)

INSTRUCTOR APPROVAL - LATE REGISTRATION

(State and Educational Employee Tuition Waiver)

Student's Nan	ne:			
Student ID Nu	mber: _			
Summer	Fall	Winter	Spring	Year
Class/Prograr	n Start Da	ate:	Sta	rt Time:
class is not f	such as: ull. If left o enroll v	enroll only it blank, app	f prerequis roval will be	ites are met and
Approval Expi	ration Da	ite:		
Restrictions:				
Instructor Nar	me:			
Instructor's Si	anature			Date



WA State and Educational Employee Tuition Waiver Application

(Space Available)

Section 1 To be complete	ed by eligible state em	oloyee (See Rev	erse for eligibil	ity and registration information)		
ctcLink ID Number	Last Name		irst Iame	MI		
Address	Apt#	City		State Zip		
Cell Phone	Other Phon	е	Date of	Birth (MM/DD/YY)		
Name of Agency/Departm	ent/Institution	Position Title				
How long at this Position (Yrs/Mos)	E-Mail Addre	ss			
I have read all the eligibilit instructionson the reverse that I meet the eligibility requirements and instructions	side. By signing, I affi d agree to the registrati	on		Date		
Section 2 To be complete	ed by employee's super	visor or person	nel office. (See	reverse for eligibility information)		
Name (Please Print)			Job Title			
Name of Agency/Department/Institution			Phone Numb	er		
Address of Agency/Depar	tment/Institution City	/	State	Zip		
Please check the appropriate box. □ I certify the person listed above is an eligible employee halftime or more □ 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 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:						
Permanent employees in	classified service unde	r RCW 41.56 (S	tate Civil Servi	ce Law		
 □ Permanent employees governed by RCW41.56 (Public Employees Collective Bargaining) □ Permanent employees and exempt paraprofessional employees of technical colleges □ Faculty, counselors, librarians and exempt professional/administrative employees at institutions of highereducation □ 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. □ Classified staff employed at K-12 public schools, when the employee is taking courses relevant to their workassignment. 						
enroll using	ements listed on the re	verse side, I cer	tify that the per	son listed above is eligible to		
the state tuition waiver. Signature			Date			
- ignataro			Date			

Eligibility requirements and registration instructions on next page.

NON-DISCRIMINATION STATEMENT: Clover Park Technical College does not discriminate on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, or use of a trained guide dog or service animal. For inquiries, please contact Title IX coordinator James Neblett, Associate Vice President for Human Resources & Culture, 253-589-5533, james.neblett@cptc.edu; or Section 504/disability coordinator Sarah Addington, Manager of Student Disability Services, 253-589-5755, sarah.addington@cptc.edu. All offices are located in Building 17, 4500 Steilacoom Blvd SW, Lakewood, WA 98499. Non-discrimination statement is available in other languages at www.cptc.edu/non-discrimination.

CLOVER PARK TECHNICAL COLLEGEPROCEDURE

(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.
- All public employees using this waiver will obtain permission from the Registrar 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 ina 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 contact the Senior Funding Specialist at agencyfunding@cptc.edu or 253-589-5663.

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.

Director of Enrollment Services/Registrar, or designee	Date



ADD/DROP FORM

REGISTRATION & SCHEDULE CHANGE

CTCLINK ID #		PREVIOUS SID # (if applicable)	QUARTER/YEAR	R – Student may admit/register for courseV – Variable credit – instructor must provide #	
LAST NAM	1E	FIRST NAME	MIDDLE INITIAL	A – Student may audit course W – Waive course or program requisites	
	UEST YPE			INSTRUCTOR AP	PROVAL
(che	ck one) DROP*	COURSE TITLE	CLASS#	INSTRUCTOR SIGNATURE	APPROVAL CODE (see above)
Adding/l	Registering for asses may resu	or Classes It in additional tuition and fees. You are			
esult in a Droppin f you rece	Il classes being g/Withdrawin eive financial aid	dropped for non-payment. g from Classes d, veterans' benefits, or other tuition as our financial assistance and eligibility.			·
T uition & Changes เ	R Fee Updates to your schedule				
Refunds	•	, , ,	,	1 3	
II refund	s must be revie	wed. Please allow 2-3 weeks for proces	ssing.		
r actual phischarged ssociate \ ddington,	nysical or mental veteran or militar /ice President for Manager of Stud	ATEMENT: Clover Park Technical College disability, pregnancy, genetic information, sry status, or use of a trained guide dog or so Human Resources & Culture, 253-589-55; ent Disability Services, 253-589-5755, sara 499. Non-discrimination statement is available.	sex, sexual orientation, ervice animal. For inqui 33, james.neblett@cptc ah.addington@cptc.edu	gender identity, marital status, cree ries, please contact Title IX coordin .edu; or Section 504/disability coor . All offices are located in Building	ed, religion, honorably nator James Neblett, dinator Sarah 17, 4500 Steilacoom
have rea	ad the informa	ation above and have returned all	college owned ed	quipment, books, and/or su	upplies.

ACTIVATE YOUR CTCLINK ACCOUNT

LOG IN

Go to the MyCC website at www.cptc.edu/mycc, and click on "ctcLink Login."

ACTIVATE

Find and click on the "Activate Your Account" link.

Recommended to activate your account using a laptop or desktop computer.

ENTER YOUR INFORMATION

Enter your first name, last name, date of birth, and ctcLink ID number, and click on '**Submit**."

- Enter an email address you have reliable access to.
- Remember your security questions and answers.
- IT will not be able to recover your security information.
- CREATE YOUR PASSWORD

Your password should include at least: 8 characters, 1 uppercase letter, 1 lowercase letter, and 1 number. Do not use your first or last name in your password.

REMEMBER YOUR INFORMATION

Be sure to take note of your ctcLink ID number, password, and security questions and answers. Do not share your credentials.

Forgot your ctcLink ID number?

ctcLink ID Look Up & ctcLink for Students at www.cptc.edu/about/ctclink/students

Learning Resource Center

Located in Building 15, Lakewood Campus For hours, check out the LRC website at www.cptc.edu/lrc.

