



**Employee Tuition Waiver Application**

*(For full-time and part-time employees only taking Blue Ridge CTC courses)*

Name: \_\_\_\_\_ Student C#: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Full-time hire date: \_\_\_\_\_

Academic Year: \_\_\_\_\_ Semester: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Proposed Courses *(Nine (9) hour maximum for Full Time, Three (3) hour maximum for Part time)***

CRN #	SUBJECT	CRS. NO.	SECTION	TITLE	CR. HRS.	TIME

\*NOTE: The CRN must be entered before your registration can be processed.

“I approve enrollment in the classes noted above within the guidelines of the employee tuition waiver policy. I am aware that this waiver is separate from the educational release time request.”

**Supervisor Approval:** \_\_\_\_\_ Date: \_\_\_\_\_

“I certify that the employee listed above is a Full-time or Part-time employee at Blue Ridge CTC.”

**Human Resources Approval:** \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM MUST BE PROVIDED TO THE HR OFFICE BY THE DEADLINE NOTED IN THE HR PROCEDURE.**