



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 |
|-------|---------|----------|---------|-------|----------|------|
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*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 and has been employed in that capacity with Blue Ridge CTC for at least 6 months and is eligible for the requested waiver.”

Human Resources Approval: _____ **Date:** _____

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

