Washtenaw Community College Office of Human Resource Management

Part Time Tuition Grant Request

Student/Employee Name _____

Student/Employee ID Number @	
Semester/Session Fall/Winter/Spring/Summer	20
A course must be taken to full term; if a course for tuition and any other sums granted on their	is not completed in full, the employee shall reimburse the College behalf.
Any mandatory/technical fees associated with the not covered by the waiver.	he course, or a course taken at the Health and Fitness Center are
available to part time Faculty that has provided Tuition grants are available only during the ser	oll in any WCC course for which they qualify. Tuition grants are a service over a period of 4 (four) semesters or 60 (sixty) weeks. mester/session in which the part-time Faculty member is actively (three) credit hours for credit courses or the total rate of 3 (three)
grants are available to part time Independent Greenployment. Tuition grants are available only du	relect to enroll in any WCC course for which they qualify. Tuition roup employees that have completed 6 (six) months of continuous tring the semester/session in which the part-time Independent Group 3 (three) credit hours for credit courses or the total rate of 3
available to part time Support Staff that have con available only during the semester/session in wh	in any WCC course for which they qualify. Tuition grants are appleted 6 (six) months of continuous employment. Tuition grants are nich the part-time Support Staff member is actively employed and urses or the total rate of 3 (three) credit hours for non-credit
Please check IF applicable: Tuition is granted at in-district rates. Please make sure home address is current in the syste Registering for Distant Learning Onli	Check box if out of Washtenaw County for override. m to prevent delay in processing waiver. ne Course
Registering for Non-credit Course	
	courses, you must complete your enrollment with Economic & 3, to assure the tuition grant will apply for the course(s) you're
I hereby understand and agree to the above condi	tions.
Employee Signature:	Date:
HRM Authorized Signature:	Date:
	Revised 12/15/15 Revised 5/1/17