

Complete all information and print clearly. Student data on this form is **CONFIDENTIAL**.

Course: \_\_\_\_\_  
Course Title \_\_\_\_\_ Course ID - Section# - Class# \_\_\_\_\_ Start Date / End Date \_\_\_\_\_

Colleague ID: \_\_\_\_\_

Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County of Residence: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home: \_\_\_\_\_ MM/DD/YYYY

Phone: Cell: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Please check:** Sex: Female Male  
Ethnicity: Hispanic/Latino Non-Hispanic/Latino  
Race: American/Alaska Native Asian Black or African American Hawaiian or Pacific Islander White  
Employment Status: Full time Part-time Retired Unemployed-Not Seeking Unemployed-Seeking  
Country of last High School Attended: US Based School System Non-US Based School System  
Highest Education Level: Completed Grade: 1 2 3 4 5 6 7 8 9 10 11 12/(HS Graduate)  
GED Adult HS Diploma 1-yr Vocational Diploma Associate Bachelor's Master's or Higher

**HRD Tuition and Fee Waiver Verification (HRD STUDENTS ONLY)**

**For Office Use Only**

**Verification Statement:** *The SBCC grants permission to waive tuitions and fees for enrollment in classes coded in the Master Course List as Human Resources Development if the individual meets one of four criteria listed below. To receive this waiver, an individual must verify that they meet at least one of the criteria by completing and signing this form. Individuals not signing this form must pay the applicable fee to register for a Continuing Education Course.*

**I qualify for a tuition and fee waiver under the following criteria:**

- I am currently unemployed.
- I have received notification of a pending layoff
- I am working and eligible for the Federal Earned Income Tax Credit
- I am working and earn wages at or below two hundred percent (200%) of the federal poverty guidelines.

RGN by (initials)	Date	Year & Term
Registration Fee	or <input type="checkbox"/> Flat rate	\$ _____
Other Fee Type: _____		\$ _____
Other Fee Type: _____		\$ _____
Total		\$ _____
Waiver/Bill to: _____		
Books: _____	Insurance: _____	Check #: _____
Credit Card: _____	3rd Party: _____	Other charges: _____

*My SIGNATURE below authorizes that I the student is required to pay a registration fee or have a third-party pay on my behalf to enroll in a continuing education course the registration fee will be paid before the initial start of class. Registration fee refunds: additional provisions of the refund policy, including those regarding self-support classes and student fees are available upon request. I hereby acknowledge that all the information given by me is complete and accurate to the best of my knowledge.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_