HOLMES COMMUNITY COLLEGE

FACULTY /STAFF DEPENDENT TUITION DISCOUNT FORM

Registration Term: ☐ **fall** ☐ **spring** ☐ **summer** **Year:** _____

Are you a Full Time Employee? ☐ Yes ☐ No

Fulltime Employee taking classes during the regularly scheduled workday must have class approved by supervisor and must be work related.

Requesting a discount for: ☐ **Full Time Employee** ☐ **Dependent** ☐ **both**

Full Time Employee Name Required: _____

Full Time Employee Holmes ID Required: _____

Dependent Name: _____

Dependent Holmes ID: _____

Supervisor Signature: _____

Date: _____

Supervisor will email the completed form to
Kala Evans kalaevans@holmescc.edu