



## HCHE EMPLOYEE TUITION REMISSION CROSS REGISTRATION FORM

**General:** Employees should review **ALL** guidelines and registration requirements on the HCHE and member websites. Links to each institution’s guidelines, as well as the cross registration request form, are available on the HCHE website.

**Eligibility:** Full-time employees at all **private HCHE institutions, HCHE Employees**, Charter Oak State College, Capital Community College and affiliates are eligible for course enrollment. **Note: UCONN (West Hartford Campus), Manchester Community College and Central Connecticut State University do not accept employee cross registration.** Employees may enroll in **ONE** course per semester - Fall and Spring only, undergraduate and master’s level courses only - up to *two per calendar year*. You must adhere to deadlines of the *host* college/university /seminary in order to enroll and/or withdraw from any course. If you withdraw from a course, you are responsible for notifying both *host* and *home* institution.

**Fee Schedule:** Participating HCHE member institution employees and HCHE staff will not be charged for courses. Employees are **responsible** for all fees such as lab fees and books associated with courses, regardless of full or associate institution status. There are tax implications for some graduate work. Employees are urged to check with the IRS to determine if they have a tax liability.

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

\_\_\_\_\_  
Mailing Address (Street, City, State, Zip)

\_\_\_\_\_  
Institution Dept. Phone Employee ID

\_\_\_\_\_  
Supervisor’s Name Title

**I certify I am a full-time employee at:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Capital Community College | <input type="checkbox"/> Charter Oak State College  | <input type="checkbox"/> Goodwin College     |
| <input type="checkbox"/> Hartford Seminary         | <input type="checkbox"/> University of Saint Joseph | <input type="checkbox"/> St. Thomas Seminary |
| <input type="checkbox"/> Trinity College           | <input type="checkbox"/> University of Hartford     | <input type="checkbox"/> HCHE                |

Requesting enrollment in:  Spring 20\_\_\_\_  Fall20\_\_\_\_

**COURSE REQUESTED**

INSTITUTION	COURSE #	DAYS/TIMES	COURSE TITLE	FEES

**REQUIRED SIGNATURES:** Employees are responsible for obtaining **ALL** signatures prior to enrolling in any course. Signatures indicate that both institutions have approved registration. The form should be submitted to the **host** institution’s registrar’s office during the first week of classes, when **space availability** will be determined.

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

\_\_\_\_\_  
Supervisor Signature/Home Institution Date

\_\_\_\_\_  
Human Resources Officer Signature/Home Institution Date

\_\_\_\_\_  
Host Institution Registration Officer Signature Date

**Employee email:** \_\_\_\_\_