

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**, **Manchester Community College**, **Capital Community College** and **Connecticut Public/CPTV/WNPR** are eligible for course enrollment. **Note: UCONN - Hartford 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"/> HCHE | <input type="checkbox"/> Goodwin College | <input type="checkbox"/> Connecticut Public/CPTV/WNPR |
| <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"/> Manchester Community College | |

Requesting enrollment in: Spring 20____ Fall 20____

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: _____ **Cell:** _____