

 **Registration Term:** [ ] **fall** [ ] **spring** [ ] **summer Year: Click here to enter text.**

**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: Click here to enter text.**

**Full Time Employee Holmes ID Required: Click here to enter text.**

**Dependent Name:** Click here to enter text.

**Dependent Holmes ID: Click here to enter text.**

**Supervisor Signature: Click here to enter text. Date: Click here to enter text.**

 **Email the completed form to Kala Moody** **Kmoody@holmescc.edu**