

**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**](mailto:Kmoody@holmescc.edu)