



**FLORIDA STATE COLLEGE AT JACKSONVILLE
STATE EMPLOYEE TUITION WAIVER PROGRAM**

Name _____ SSN _____
 Agency _____ Phone # _____
 Division _____ Bureau _____
 Address _____ City _____
 State _____ Zip Code _____
 Email address _____

I am requesting a waiver for _____ Fall ___ Spring ___ Summer Year _____
 Date of first day of classes (if known) _____

Name of Courses: List the course number and title and the credit hours		
	Course ID	Please list up to 4 courses, 2 preferred, 2 alternate
Preferred		
Preferred		
Alternate		
Alternate		

I, the undersigned, acknowledge the following:

- My waiver of tuition and fees will apply to no more than six credit hours or 180 contact hours per term.
- My waiver can only be used to pay for college credit classes.
- I must register for classes during the State Employee registration period which is the **Wednesday before classes start. If I register earlier than the Wednesday of the week before the first day of classes of the session for which I am registering (even if I register and drop), I will be responsible for paying for all fees and tuition.**
- All other charges/fees are my responsibility.
- My ability to secure the courses I request depends on space availability.

Signature _____ Date _____

Agency Authorization

I authorize the above named employee to participate in the Tuition Waiver Program. I also certify that the above-named employee holds an established authorized position with a full time equivalency (FTE).

Supervisor's name (please print) _____

Supervisor's signature _____ Title _____ Date _____

Agency Head or designee (please print) _____

Agency Head or designee Signature _____ Title _____

Phone Number _____ Date _____