

**PALM BEACH STATE
COLLEGE**

STATE EMPLOYEE TUITION WAIVER

By completing this form you are notifying the institution of your intent to apply. You will still need to complete the appropriate registration documentation for your course or program.

Last Name: _____ First Name: _____ MI: _____

Student ID: _____

I'm requesting a waiver for: ☐ Fall ☐ Spring ☐ Summer Year _____

Name of Courses: List the course number and reference number	
<u>Course ID</u>	<u>Reference Number</u>

I, the undersigned, acknowledge the following:

- My waiver of tuition fees will apply to no more than six credit hours per term and does not cover course special fees (i.e. lab fees, registration fees, late fees, etc.).
- I must register for classes during the State Employee registration period prescribed by the state university or community college that I plan to attend.
- All other charges/fees are my responsibility (including, but not limited to books, lab equipment, etc.).
- My ability to secure the courses I request depends on space availability as defined by the institution.

Signature (Student)

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 full-time position.

Agency: _____ Phone #: _____

Supervisor's Name (please print): _____

Supervisor's Signature

Title

Date

Agency Head or designee (please print): _____

Agency Head or designee Signature

Title

Date

FOR PALM BEACH STATE COLLEGE INTERNAL USE ONLY

Registration Office:

FSS 1009.265 Verified: ☐ Yes ☐ No

Cashier's Office:

Customer Number: 69 Contract: _____

Receipt Number: _____

Signature (Registration Rep.)

Date

Registration Rep. Name (Printed)