

**South Florida Community College**  
**Dependent Fee Waiver Eligibility Form**  
(Form must be completed prior to registration)

Employee's Name: \_\_\_\_\_ Department Phone Ext: \_\_\_\_\_

Beginning Date of Full-Time Employment: \_\_\_\_\_ (Employee must be beyond initial probation period)

Dependent's Name: \_\_\_\_\_

DOB \_\_\_\_\_ Student ID \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_ Employee Eligibility Check: \_\_\_\_\_

Program of Study: \_\_\_\_\_ Term: Fall Spring Summer (circle one)

I, \_\_\_\_\_, certify that I am a full-time employee of South Florida Community College and that the student named above is my dependent (*dependent* is defined as the employee's spouse living in the same household with the employee and each unmarried child, under age 23, receiving principal support from the employee) and a current Official Free Application for Federal Student Aid (FAFSA) is on file in the Financial Aid Office.

I understand that after the initial semester of enrollment my dependent must maintain satisfactory academic progress (as outlined for Financial Aid in the College Catalog) achieving and maintaining a 2.0 minimum cumulative GPA and a 67% completion ratio to remain eligible for this waiver.

I also understand that fees will not be waived for course audits, Directed Independent Study, CLEP or Credit by Exam, community or workforce education coursework or for transient and non-degree seeking students.

I further understand that the capital improvement fees, special music fees, and tuition (out-of-state portion) will not be covered by this waiver and will be my responsibility to pay at the time of registration.

**NOTE:** The College will waive up to 34 credits or 1140 clock hours per year for eligible dependents enrolling in A.A., A.S., A.A.S., or Certificate programs.

\_\_\_\_\_  
(Signature of Employee) \_\_\_\_\_  
Date  
(Do not write below this line)

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**OFFICE USE ONLY**

1<sup>st</sup> Term at SFCC: \_\_\_\_\_ Hrs. Attempted: \_\_\_\_\_ Hrs. Completed: \_\_\_\_\_ Hrs. Earned: \_\_\_\_\_

Completion Ratio: \_\_\_\_\_ CGPA: \_\_\_\_\_

\_\_\_\_\_  
Director of Financial Aid \_\_\_\_\_  
Date

ELIGIBLE \_\_\_\_\_ (**After all other aid has paid**) INELIGIBLE: \_\_\_\_\_

**Approved:**

\_\_\_\_\_  
Dean of Student Services \_\_\_\_\_  
Date  
EmplFeeWavr.doc (Rev 03/07)