

## South Florida State 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)
same household with the employee and each unmemployee) as documented by the most recent tax if I understand that my dependent must maintain sa	that I am a full-time employee of South Florida State College at ( <i>dependent</i> is defined as the employee's spouse living in the arried child, under age 23, receiving principal support from the return.  attisfactory academic progress (as outlined for Financial Aid in a 2.0 minimum cumulative GPA and a 67% completion ratio to
remain eligible for this waiver.	2.0 minimum cumulative GPA and a 6/% completion ratio to
	course audits, Directed Independent Study, CLEP or Credit by work or for transient and non-degree seeking students.
	nt fees, special non-refundable fees, and tuition (out-of-state ill be my responsibility to pay at the time of registration.
	valent clock hours per year for eligible dependents enrolling in 2 credit hours per year for an eligible dependent enrolled in an
<b>NOTE:</b> Dependents who have earned a bachelor' waivers.	's or higher level degree are ineligible to receive dependent fee
(Signature of Employee) (Do not	Date write below this line)
OFF	TICE USE ONLY
1 <sup>st</sup> Term at SFSC: Hrs. Attempted:	Hrs. Completed: Hrs. Earned:
Completion Ratio: CGPA:	
Director of Financial Aid	Date
ELIGIBLE (After all other aid has paid	I) INELIGIBLE:
Dean of Student Services (Rev 10/12, 4/14, 4/16)	Date