MEMO

To: State Employee

From: Dr. Deborah M. Fuschetti, Registrar

Enclosed are the Agency Authorization form and the South Florida State College Guidelines for implementing the fee waiver for Florida State employees.

All required forms, application, test scores, etc. must be on file prior to registering for any classes. Students are permitted to register in person during the last two days of Open Registration.

If you have any questions, please feel free to contact me at (863) 784-7139 or via email at fuschettid@sfcc.cc.fl.us.
FLORIDA STATE EMPLOYEE TUITION AND FEE WAIVERS

Per Section 1009.265

Effective Spring term 2003, South Florida State College will waive tuition and fees for state employees to enroll for up to six (6) credit hours of coursework per term on a space-available basis. For purposes of this section, employees of the State include employees of the executive, legislative, and judicial branches of state government, except for persons employed by a state university, community college or public school district.

Guidelines:

♦ State employees must complete all admissions requirements, including the Application for Admission, placement testing, transcripts, proof of prerequisites, etc.
♦ State employees must submit their intent to participate each term on or before the first date to register for that term.
♦ Registration is for courses on a space available basis only. State employees are permitted to register in person during the last two days of open registration.
♦ Tuition will be waived for a maximum of six college credits for the Fall, Spring and/or Summer Term, plus any applicable lab fees. Waiver is for coursework that leads to a degree or certificate only; it is not applicable to non-credit (continuing education) courses.
♦ Certain course formats are excluded and cannot be waived (e.g. truck driving).
♦ Courses must be taken for a grade; they may not be taken as audit.
♦ Courses must be considered wholly in meeting the six credit maximum. (e.g. two - 3 hour courses, one 5 hour course, a 4 hour and a 2 hour course).
♦ Payment of tuition and fees prior to designated space available registration period cancels the waiver for that term.
♦ Participation in this waiver will be coordinated with the Financial Aid Office.
STATE EMPLOYEE TUITION WAIVER PROGRAM—INTENT TO APPLY

AT: South Florida State College
Name of university or community college

By completing this form you are notifying the institution of your intent to apply. You will still need to complete the appropriate forms of that institution.

<table>
<thead>
<tr>
<th>Name</th>
<th>SSN</th>
</tr>
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<tbody>
<tr>
<td>Agency</td>
<td>Phone #</td>
</tr>
<tr>
<td>Division</td>
<td>Bureau</td>
</tr>
<tr>
<td>Address</td>
<td>City</td>
</tr>
<tr>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Email address</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Course ID</th>
<th>Preferred</th>
<th>Preferred</th>
<th>Alternate</th>
<th>Alternate</th>
</tr>
</thead>
</table>

I the undersigned, acknowledge the following:

- My waiver of tuition and fees will apply to no more than six credit hours per term.
- 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.
- 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)  Title  Date

_________       ________________
Agency Head or designee (please print)  Title  Date

_________       ________________
Agency Head or designee Signature  Title  Date

_________       ________________
Phone Number  Date