



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: _____ Select Term: Fall Spring Summer

I, _____, certify that I am a full-time employee of South Florida State 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) as documented by the most recent tax return.

I understand that 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 non-refundable 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.

The College will waive up to 24 credits or equivalent clock hours per year for eligible dependents enrolling in A.A., A.S., A.A.S., or Certificate programs; and 12 credit hours per year for an eligible dependent enrolled in an SFSC baccalaureate program.

NOTE: Dependents who have earned a bachelor's or higher level degree are ineligible to receive dependent fee waivers.

(Signature of Employee)

Date

(Do not write below this line)

OFFICE USE ONLY

1st Term at SFSC: _____ Hrs. Attempted: _____ Hrs. Completed: _____ Hrs. Earned: _____

Completion Ratio: _____ CGPA: _____

Director of Financial Aid

Date

ELIGIBLE _____ (After all other aid has paid)

INELIGIBLE: _____

Dean of Student Services
(Rev 10/12, 4/14, 4/16)

Date