STATE EMPLOYEE TUITION WAIVER PROGRAM PARTICIPATION TEMPLATE FORM

Name of State University or Florida College System Institution

By completing this form you are requesting agency approval to participate in this program. You will still need to complete the appropriate forms of the school you are attending.

Agency Division Address				one #	-	
				ıreau		
State			City Zip Code			
Email Ad	dress		ZI}	Code		
	_					
I am requ	uesting a wa	iver for _	Fall Spring S	ummer Ye	ear	_
Date of fi	rst day of cla	asses (if known)				
			course number, title and th			
	Course ID	Please list up to 4	l courses, 2 preferred, 2	alternate	Credits	Costs/Value per credit hou
<u>Preferred</u>						
Preferred Alternate						
Alternate						
<u>riicinate</u>		<u> </u>		Total Cos	sts/Value:	
• M • I • A • M NOTE: Pa provide you	My waiver of must registe iniversity or all other chains My ability to stricipating erur social section.	er for classes during Florida College Syst ges/fees are my res secure the courses I	apply to no more than six the State Employee regis em Institution that I plan to ponsibility. request depends on space aware that the school at very employment.	tration perion attend. ee availabilit	od prescribe	ŕ
Employee S	Signature		Date			
above-nam Supervisor'		named employee to e holds an establishe ase print)	Agency Authorization participate in the Tuition \ ed authorized position with Title			y (FTE).
Agency H	lead or desi	gnee (please print)				
Agency H	Head or desi	gnee Signature	Title			
Phone #			Date			

09/28/2016 TEMPLATE

Name