Seminole Community College

Human Resources Office

REQUEST FOR REFUND OF MATRICULATION FEES FOR DEPENDENTS OF COLLEGE EMPLOYEES

Section 1. Employee Complete this section and submit to Human Resources Office prior to the end of the add/drop period of the term for which reimbursement will be requested.

I am a full-time employee and have been employed full-time by the College for at least six months.

_____ _____ _____ _____
Print Employee Name | SCC Phone Ext. | Employee ID | Department Name

_____ _____
Print Dependent-Student Name | Dependent Student ID

Dependent's Relationship to Employee: ☐ spouse ☐ dependent child: age _____ ☐ other dependent: relationship _____ age _____

I have read the eligibility criteria as specified in SCC Procedure 1.02 (see Eligibility on back of this form) and certify that my dependent meets the eligibility criteria:

_____ _____
Employee Signature | Date

Dependent-Student Courses for Which Matriculation Fees Will Be Requested:

	Course Prefix	Matriculation Fee		Course Prefix	Matriculation Fee
1.			4.		
2.			5.		
3.			6.		

Section 2. Human Resources Complete this section and forward to the Office of Finance and Budget.

Employee's/Retiree's full-time date of employment: _____ ☐ Employee currently full-time ☐ Employee full-time at least 6 months. ☐ Retiree completed ten years continuous full-time employment

Employment Eligibility: ☐ Approved ☐ Disapproved. _____ _____

Signature of HR Representative: _____ Date: _____

Section 3. Office of Finance and Budget Complete this section and return original copy to employee. Retain a copy and attach registration record to it.

☐ Courses are reimbursable type of courses

☐ Dependent's total semester hours of reimbursements _____ plus semester hours requested per this form of _____ will not exceed the total allowable of 60 semester hours

☐ Encumbered estimated refund amount: $_____

Signature of Office of Finance and Budget Representative _____ Date _____

Section 4. Employee Once the courses are complete, submit form to the Registration/Records Office.

Section 5. Registration/Records Office Complete this section and forward to the Office of Finance and Budget.

	Course Prefix	Credit Hours (or equivalent)	Grade
1.			
2.			
3.			
4.			
5.			
6.			

Total hours earned with grade of "C" (or equivalent) or higher.

Signature _____
Registration/Records Representative

Date _____

Section 6. Business Office Complete this section and process the refund.

Vendor Name _____

Total Hours Paid to Date _____
(Including this payment)

Total Hours Paid Lifetime _____
(Including this payment)

Budget Center Number: _____ $_____
Fund – Program – Dept – Class – Account | Amount

Audited By: _____ Date _____