

**State Employees Tuition Waiver Form
Seminole Community College**

Please complete this form and have it authorized by your supervisor for the semester that you wish to utilize the waiver.

Name: _____ SSN#: _____

Employee's Title: _____ Agency: _____

Phone#: _____

Division: _____ Bureau: _____

Address: _____ City: _____

I am requesting a waiver for: Fall___ Spring___ Summer___ Year_____

Date of first day of classes: _____

List the course number and title and the credit hours of 4 courses

(2 preferred and 2 alternate).

Name of Courses	Course I.D.
Preferred: _____	_____
Preferred: _____	_____
Alternate: _____	_____
Alternate: _____	_____

I understand that my waiver will only apply to the tuition and fees for the six credit hours for which I register during the state employee registration period as defined by Seminole Community College. All other charges are my responsibility. I also understand that my enrollment in the course(s) requested is on a space available basis.

Signature

Date

Agency Authorization

I authorize the above named employee to participate in the State Employee Tuition Waiver Program at Seminole Community College on a space available basis.

This certifies that the above-named employee holds an established authorized position with a full-time equivalency (FTE).

Supervisor's name (please print) _____

Supervisor's Signature

Title

Date

Agency Head or designee (please print)

Title

Agency Head or designee Signature

Phone Number

Date