

**PALM BEACH STATE
COLLEGE**

CLASSROOM TEACHER TUITION WAIVER

Last Name: _____ First Name: _____ MI: _____

Student ID: _____

I'm requesting a waiver for: Fall Spring Summer Year _____

Name of Courses: List the course number and reference number	
Course ID	Reference Number

I, the undersigned, acknowledge the following:

- My waiver of tuition fees will apply to no more than six credit hours per term and does not cover course special fees (i.e., lab fees, registration fees, late fees, etc.). All other charges/fees are my responsibility.
- The courses shall be limited to undergraduate courses related to special education, mathematics or science as approved by the Florida Department of Education.
- My ability to secure the courses I request depends on space availability as defined by the institution.
- I may register for classes during the regular registration period but space availability will not be determined until one day prior to the end of the add/drop period.
- The waiver may not be used for courses scheduled during the school district's regular school day.

Signature (Student)

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 full-time position.

Agency: _____ Phone #: _____

Supervisor's Name (please print): _____

Supervisor's Signature

Title

Date

Agency Head or designee (please print): _____

Agency Head or designee Signature

Title

Date

FOR PALM BEACH STATE COLLEGE INTERNAL USE ONLY

Registration Office:

FSS 1009.26(10) Verified: Yes No

Cashier's Office:

Customer Number: 1076 Contract: _____

Signature (Registration Rep.)

Date

Receipt Number: _____

Registration Rep. Name (Printed)