

**PALM BEACH STATE
COLLEGE**

STATE EMPLOYEE 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	
<u>Course ID</u>	<u>Reference Number</u>

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.).
- I must register for classes during the State Employee registration period prescribed by the state university or community college that I plan to attend.
- All other charges/fees are my responsibility (including, but not limited to books, lab equipment, etc.).
- My ability to secure the courses I request depends on space availability as defined by the institution.

 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 1009.265 Verified: Yes No

Cashier's Office:

Customer Number: 569 Contract: _____

Receipt Number: _____

 Signature (Registration Rep.) Date

 Registration Rep. Name (Printed)