

STATE EMPLOYEE TUITION WAIVER PROGRAM – INTENT TO APPLY

By completing this form, you are notifying the institution of your intent to apply. You will still need to complete the appropriate forms of that particular institution.

Name _____ Student ID _____
Agency _____ Phone # _____
Division _____ Employer _____
Address _____ City _____
State _____ Zip Code _____
Email address _____

I am requesting a waiver for ____ Fall ____ Spring ____ Summer Year _____

Date of first day of classes (if known) _____

Name of Courses: List the course number, title, and credit hours		
	Course ID and Section Number	Please list up to 4 courses, 2 preferred, 2 alternate
Preferred		
Preferred		
Alternate		
Alternate		

I, the undersigned, acknowledge the following:

- My waiver of tuition and fees will apply to no more than six credit hours per term.
- 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.
- My ability to secure the courses I request depends on space availability.
- This waiver cannot be applied to limited access programs.
- I must be employed with the state of Florida at least 31 calendar days before submitting this waiver.
- **I have read, understand, and agree to abide by Florida Gateway College's current policies and procedures relating to the State Employee Tuition Waiver Program.**

Signature

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 position with a full time equivalency (FTE).

Supervisor's name (please print) _____

Supervisor's Signature

Title

Date

Agency Head or designee (please print) _____

Agency Head or designee Signature

Title

Phone Number _____

Date _____

Revised 08/28/2024