

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 and title and the credit hours		
	Course ID and Section Number	Please list up to 4 courses, 2 preferred, 2 alternate
<u>Preferred</u>		
<u>Preferred</u>		
<u>Alternate</u>		
<u>Alternate</u>		

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.
- **I have read, understand, and agree to abide by Florida Gateway College's current guidelines 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 _____

01/11/2011