

State Employee Tuition Waiver Instructions

ELIGIBILITY:

State employees who are employed in an established position on the date fees are due and meet academic requirements are eligible. This is to include those employees on sabbatical, professional development, grants-in-aid and educational leave status. Those State employees who meet these criteria may be allowed to enroll for up to six (6) credit hours of eligible instruction per Fall, Spring, and/or Summer semester without payment of tuition and late registration fees. **OTHER STATE EMPLOYEES MUST COMPLETE SIX MONTHS PROBATIONARY PERIOD PRIOR TO BEING ELIGIBLE TO USE STATE TUITION WAIVER.**

POLICIES AND PROCEDURES:

1. **A STATE EMPLOYEE TUITION FEE WAIVER FORM MUST BE COMPLETED EACH TERM REGISTRATION IS PLANNED.** Tuition waiver forms are available via the Registrar's office website. Enrollment under this fringe benefit program shall be authorized on a "Space Available" basis only. "Space Available" refers to the enrollment capacity within a scheduled course or program offering as defined by the University. Employees who use the tuition waiver form **must** register during the date and time prescribed for state employees in the current *UCF Schedule Web Guide*. Use of the registration system to reserve space in a class ahead of the scheduled employee registration time will invalidate the tuition fee waiver.
2. To the extent possible, class attendance should be scheduled during non-working hours. If an employee enrolls for a course scheduled during working hours, all time taken during that period shall be charged to annual leave, compensatory leave, or leave without pay, subject to approval by his/her supervisor.
3. The employee is responsible for arranging any necessary time off from work with his/her supervisor. The State cannot predict what demands may be placed upon the work force; therefore, approval of an employee's request for participation in a course or program of instruction in no way commits or obligates the State Agency to grant time off or leave for taking or completing of such course or program of instruction.
4. Any employee who registers under this program for more than six (6) credit hours shall pay registration fees for all hours in excess of six (6). When different course levels are involved and registration was at designated time, the fees for the six (6) credit hours with the higher cost shall be waived. Tuition waivers also cover material and supply fees. If a student registers for an ineligible course, or for more than six (6) hours, the tuition and fees associated with this course(s) must be paid on or before the payment deadline date or be subject to late payment fees. For questions concerning course eligibility contact Student Account Services (MH 109; 407-823-2433).
5. The University has the authority to designate which courses are classified as eligible for the tuition fee waiver. The tuition waiver cannot be used for courses that have increased costs. These courses include, but are not limited to, continuing education courses, independent study, supervised research, supervised teaching labs, thesis hours, dissertation, internships, practicums, third attempt repeat courses, co-ops, or applied individualized instruction in Music, Art, or Dance, etc. Beginning at UCF with Summer 2003 term Registration, employees wishing to use a waiver for up to six (6) hours as allowed **must** register for those eligible courses during the designated State employee registration time. Failure to do so will invalidate the waiver and the employee will be fee liable for the courses.
6. Any State employee who uses an employee tuition waiver for approved courses must submit a completed and signed tuition waiver form. **It is the employee's responsibility to ensure that the approved tuition waiver form is received in STUDENT ACCOUNT SERVICES by the Fee Payment Deadline date.** See the "Academic Calendar" within the printed or on-line *Schedule Web Guide* for the Fee Payment deadlines. Late payment fees will be assessed on all waivers received by Student Account Services after the payment deadline date.
7. Employees may not make any changes on the tuition waiver form after it has been approved. If for any reason the employee finds it necessary to select additional courses or change selected courses, a new tuition waiver form must be completed. It is suggested that employees list several alternate courses in the event the primary courses selected are closed at the time of State employee registration.
8. In the event a State employee decides to stop attending a class, he/she must withdraw on, or before, the appropriate date scheduled to avoid receiving a failing grade or Incomplete for that course.
9. The value of tuition free courses under Internal Revenue Service Code Section 127 has become taxable for any graduate level class that began after June 30, 1996. The SUS will report the taxable values to the Bureau of State Payrolls. The taxable values will be added to the affected employees' next regular wages payment and are subject to income and FICA tax withholding.

State Employee Tuition Waiver

This form is **for use by State employees only**. It is **not for use by UCF employees**.

Date: _____ UCFID: _____

Last Name: _____ First Name: _____ MI: _____

Agency Name: _____ Job Title & Class Code: _____

Work Address: _____

Work Phone: _____ Home Phone: _____ Email: _____

Registrar Only	Course Ref #	Course and sec # (e.g. ABC1234-01)	Course Title	Credit Hours	Academic Term

State employees using a tuition waiver must complete the registration process by submitting the signed tuition waiver to Student Account Services (MH 109) **by the Fee Payment Deadline**. The University has the authority to designate which courses are classified as eligible for the tuition fee waiver. The tuition waiver cannot be used for courses that have increased costs. These courses include, but are not limited to, continuing education courses, independent study, supervised research, supervised teaching labs, thesis hours, dissertation, internships, practicums, third attempt repeat courses, co-ops, or applied individualized instruction in Music, Art, or Dance, etc. **Total credit hours may not exceed six per semester. The employee is responsible for payment of fees associated with any additional credit hours.** The employee will be held responsible for payment of tuition on any schedule changes (i.e., drops/adds made throughout the term) that were not listed on the original approved waiver form.

Please submit form to Student Account Services as a scanned attachment in a e-mail to saswaivers@ucf.edu or via fax to 407/823-1982 by the Fee Payment Deadline (Payment Deadline for each term is published on the Academic Calendar at: <http://calendar.ucf.edu/>).

I certify that I am a full-time State employee. I acknowledge that it is my responsibility to obtain the signature authorizations of both my immediate supervisor and department head on this "State Employee Tuition Waiver" form. I acknowledge that I assume personal financial liability for any course in which I enroll that is not approved by this waiver. My participation in the Tuition Waiver Program is to be conducted on my own time. I recognize that I am required to request leave for my time off in connection with this program, and my supervisor is not obligated to grant me time off as leave so that I may participate in this program. My waiver of tuition and fees will apply to no more than six credit hours per term. All other charges/fees are my responsibility.

Employee Signature _____ Printed Name _____ Date _____

SUPERVISOR & DEPARTMENT HEAD AUTHORIZATION

I authorize the above-named person to participate in the Tuition Waiver Program. I certify that the above-named employee holds an authorized position with a full-time equivalency (FTE). The supervisor and the agency head certify that this employee is eligible to participate in this program and is not attending University courses on work time. (**Note:** class attendance during regular work hours, including time to and from class, may be charged to compensatory or annual leave as determined by the supervisor).

Supervisor's Signature _____ Printed Name and Title _____ Phone # _____ Date _____

Department Head Signature _____ Printed Name and Title _____ Phone # _____ Date _____