

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, Maymester or Winter Intersession classes, 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 _____