

**STATE EMPLOYEE TUITION WAIVER PROGRAM – INTENT TO APPLY
AT FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE**

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. For additional information, please go to <http://www.fccj.org/prospective/tuition/feewaiver.html>.

Name _____ SSN _____
 Agency _____ Phone # _____
 Division _____ Bureau _____
 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	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 which is the **Wednesday before classes start. If I register earlier than the Wednesday of the week before the first day of classes of the session for which I am registering (even if I register and drop), I will be responsible for paying for all fees and tuition.**
- All other charges/fees are my responsibility.
- My ability to secure the courses I request depends on space availability.

 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 _____