



STATE EMPLOYEE TUITION WAIVER FORM

STATE EMPLOYEE / STUDENT

Last Name		First Name		MI
SSN	Date of Birth		Home Phone #	
State Agency Name			Job Title	
Work Address			Work Phone #	
Semester (Select One)	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer I	<input type="checkbox"/> Summer II Year _____

Because the College receives no tuition for waived courses, the following restrictions and limitations apply.

Restrictions:

Some courses or programs of study, by their nature, do not qualify for the waiver. These include on-line, directed individual study, independent study, non-college credit (such as workforce development clockhour and continuing education programs/courses), and limited access or selective admission programs such as Baccalaureate degree programs, Nursing, Fire Science Technology, EMT, and other AS Degree or certificate programs.

Space Availability Limitations:

State Employee Tuition Waivers are only available for those approved courses that have not been filled by fee-paying students or those utilizing scholarships or grants; therefore, the dates of registration are limited. Initial registration for each term must be on an approved state waiver registration date, beginning the first day of classes and continuing daily through the last day of late registration.

Please note: Anyone who registers prior to the specified dates assumes personal financial liability for the course(s). The tuition waiver will not be applicable to courses registered prior to the specified state employee registration dates. Also, the tuition waiver will not be applicable to courses for which an override has been granted in order for the student to register in a class that has reached its enrollment limit.

State Employee / Student's Signature:

By signing below, I certify that the information I have provided is accurate. I agree to comply with all State of Florida and Chipola College tuition fee waiver regulations. I will assume personal financial liability for all fees for courses in which I register that do not qualify for this waiver.

_____ State Employee / Student Signature	_____ Printed Name	_____ Date
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EMPLOYING STATE AGENCY (Must be certified no more than 30 days prior to the start of the semester.)

I certify that the employee named above is in full-time salaried status (excludes OPS) and meets all State of Florida qualifications for the state employee tuition waiver program as granted in Section 1009.265 of the Florida Statutes.

_____ Supervisor / Dept Head Signature	_____ Printed Name	_____ Date
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_____ Title	_____ Agency	_____ Phone #
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CHIPOLA ADVISOR (Must be completed by Chipola official at time of registration.)

Course Number (Include section #)	Excluded Course? (See restrictions)	Override Granted for full class?	Date Registered	Advisor Signature
	YES or NO (circle one)	YES or NO (circle one)		
	YES or NO (circle one)	YES or NO (circle one)		
	YES or NO (circle one)	YES or NO (circle one)		

Student should bring this completed form to the College's Business Office immediately upon registering for classes and pay any other applicable fees. Failure to submit this form and pay applicable fees on the day of registration will result in cancellation from the classes.

Chipola College accepts only this official Chipola waiver form. Agency-specific forms, such as the Intent to Apply form, are not valid for use at Chipola College.