



DAYTONA STATE COLLEGE

CLASSROOM TEACHER TUITION WAIVER (Item Type: 450040000110)

By completing this form you are notifying the institution of your intent to apply. You will still need to complete the process to register for your course/courses. To use this waiver, you may not register until the first day of classes or after.

Last Name: _____ First Name: _____ MI: _____

Student ID: _____ I'm requesting a waiver for: Fall Spring Summer Year _____

Course #:	Course Title:

I, the undersigned, acknowledge the following:

- My waiver of tuition fees will apply to no more than six credit hours per term and does not cover course special fees (ie: lab fees, online fees, access fees, etc.). All other charges/fees are my responsibility.
- The courses shall be limited to undergraduate courses related to special education, mathematics or science as approved by the Florida Department of Education.
- Registration depends on course availability as defined by the institution.
- The waiver may not be used for courses scheduled during the school district's regular school day.

Signature (Student) Date

Agency Authorization

I authorize the above named employee to participate in the Tuition Waiver Program and certify that the employee is a classroom teacher as defined in FL Statute 1012.01(2)(a) and is employed full-time by the school district.

School: _____ Phone Number: _____

Principal's Name (Please Print): _____

Principal's Signature: _____ Date: _____

FOR DAYTONA STATE COLLEGE INTERNAL USE ONLY

Approved Courses Only? Yes No

Registered First Day of Classes Yes No

Amount Applied: \$ _____ Date Applied: _____

Student Accounts Representative: _____ Semester: _____