

## STATE EMPLOYEE TUITION WAIVER PROGRAM PARTICIPATION TEMPLATE FORM

\_\_\_\_\_  
Name of State University or Community College

***By completing this form you are requesting agency approval to participate in this program. You will still need to complete the appropriate forms of the school you are attending.***

Name \_\_\_\_\_  
 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, title and the number of credit hours		
	Course ID	Please list up to 4 courses, 2 preferred, 2 alternate
<u>Preferred</u>		
<u>Preferred</u>		
<u>Alternate</u>		
<u>Alternate</u>		

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.
- All other charges/fees are my responsibility.
- My ability to secure the courses I request depends on space availability.

**NOTE:** Participating employees should be aware that the school at which you apply may require you to provide your social security number to verify employment.

\_\_\_\_\_  
Employee 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# \_\_\_\_\_ Date \_\_\_\_\_