

# TUITION WAIVER FORM

1. Complete all fields on this form when you register for EFSC courses. Use the Tab key to move from one field to the next.
2. Class registration is limited to 2 (two) classes or 7 (seven) credit hours per semester.
3. After registration, submit this completed and signed form to the HR/ Tuition Program Office on Cocoa a minimum of 5 (five) days prior to fee-due date to ensure timely processing.
4. HR will review for eligibility and, if approved, submit to Accov. (I)10.4 (i)-4.

		<input type="checkbox"/> Full-time faculty <input type="checkbox"/> Part-time (adjunct) faculty
	<input type="checkbox"/> Regular part-time employee, non-faculty	
PT Faculty	If PT Faculty, mark your selection for the following: Length of time teaching (select one): <input type="checkbox"/> 6+ semester hours during previous academic year <input type="checkbox"/> Less than 6 semester hours/previous academic year	
	Teaching Schedule (select one): <input type="checkbox"/> Teaching at EFSC during time of course completion <input type="checkbox"/> Not teaching at EFSC during time of course completion	
Course Choice (s)	Number of Credit Hours: <input type="checkbox"/> 1, <input type="checkbox"/> 2, <input type="checkbox"/> 3, <input type="checkbox"/> 4, <input type="checkbox"/> 5+ Course ID Number: Course Description:	Number of Credit Hours: <input type="checkbox"/> 1, <input type="checkbox"/> 2, <input type="checkbox"/> 3, <input type="checkbox"/> 4, <input type="checkbox"/>
	Number of Credit Hours: <input type="checkbox"/> 1, <input type="checkbox"/> 2, <input type="checkbox"/> 3, <input type="checkbox"/> 4, <input type="checkbox"/> 5+ Course ID Number: Course Description:	
Supervisor	<input type="checkbox"/> I understand to the _____, by campus mail, or in person.  Agreement to above information: _____ <div style="text-align: right;">Signature</div>	
Supervisor	I acknowledge that I have been informed that the above-named employee will be attending class at EFSC, but not during the hours of responsibility to the College.  _____ Supervisor signature <span style="float: right;">Print name</span>	
HR Review	Date Received: HR Initials AVP Initial:	HR Notes:
	Instructions to Accounting	Amount to waive: \$