

STATE EMPLOYEE TUITION WAIVER PROGRAM PARTICIPATION 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 _____ People First ID # _____
 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
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.
- 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

ELT Member name (please print) _____

ELT Signature _____ _____
Title Date