



FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

College of Law Registrar's Office | 201 Beggs Avenue | Orlando, FL 32801

Phone: (407) 254-3279

Fax: (407) 254-3221

Email address: RegistrarCOL@famuedu

State Employee Tuition Waiver Program

(In accordance with Section 1009.265, Florida Statutes)

As a benefit to the employer and employees of the state, subject to approval by an employee's agency head or the equivalent, each state university and Florida College System institution shall waive tuition and fees for state employees to enroll for up to 6 credit hours of courses per term on a space-available basis.

PERSONAL INFORMATION (complete all information)

Last Name:	First Name:
FAMU Student ID #:	Phone Number:
FAMU Email Address:	Program: _____ Full-Time or _____ Part-Time
Employment Agency Name and Address:	Position Title:

I am requesting State Employee Tuition Waiver for: Fall _____ Spring _____ Summer _____ Year: _____

	Class No.	Course and sec No.	Course Title	Credit Hours	Cost/Value per credit hour
Preferred					
Preferred					
Alternate					
Alternate					
Total Costs/Value:					

Section 127, Internal Revenue code, permits employers to offer undergraduate education benefits to employees on a tax-free basis and graduate education benefits up to \$5,250 per calendar year. If the annual value of the state employee fee waivers exceeds \$5,250, then the employee should determine whether it is taxable income.

I confirm the following:

- I am a full-time state of Florida agency (Non-Sus) employee to participate in the State Employee Tuition program.
- My waiver of tuition fees will apply for no more than 6 credit hours per semester. Waiver applies only to tuition.
- Fee waivers may not be used for online degree programs (MBA, Nursing and Public Health), thesis, dissertation, applied music courses, internship, courses requiring directed individual instruction, or offered in Architecture, Journalism, Nursing, and Pharmacy.
- My ability to secure the requested courses depends on space availability.
- **I must register only on the designated registration dates for State employees, otherwise I will be responsible for my fees.**
- I am responsible for the terms and conditions of utilizing state tuition waiver set forth by my employer (i.e. providing grades).

Procedures:

- Review the College of Law Calendar for applicable deadlines.
- Obtain the approval of your supervisor and agency head (or designee)
- Submit completed waiver to College of Law Registrar by the last day of add/drop as published FAMU Law Academic Calendar.

Employee Signature (Student): _____ **Date:** _____

SUPERVISOR & DEPARTMENT HEAD AUTHORIZATION

I authorize the above-named person to participate in the Tuition Waiver Program. I certify that the above-named employee holds an authorized position with a full-time equivalency (FTE).

Supervisor's Signature Printed Name and Title Telephone No. Date

Department/Agency Head Signature Printed Name and Title Telephone No. Date

College of Law Registrar's Office

Processed by: _____
Est 4/15/20 COLR

Date: _____