University of West Florida **Office of the Registrar**

STATE EMPLOYEE TUITION FEE WAIVER AND REGISTRATION FORM

Employees of the State of Florida submitted this Tuition Fee Waiver and Registration Form must hold full-time positions with the State and have completed the admission/readmission process.

This form is required each semester of registration, and should be submitted to the Office of the Registrar beginning with the Advance Registration period and before the end of the Late Registration & Drop/Add period. Registrations will be processed beginning on the first day of class for each course through the end of the Late Registration & Drop/Add period. Forms submitted after the end of the Late Registration period will be considered an appeal and subject to a late registration fee.

Enrollment is on a space-available basis only. Under this tuition free program, State employees cannot receive permission to enter a closed class.

Waiver of fees is not authorized for the following kinds of courses: directed studies, practicums, internships, music and theatre performance, Continuing Education, and other one-on-one course situations such as theses and dissertations.

Registered state employees utilizing this tuition fee waiver are subject to all the academic policies and procedures as stated in the *UWF Catalog*.

Employees of state university and community colleges are not eligible for tuition-free courses.

UWF I.D. Number_____ **Fall Spring Summer** _____
(circle one) Year

☐ **New or Readmitted Student** ☐ **Current Student**

Name _____ _____ _____ _____
Last Jr., Sr. First Middle/Maiden

Number and Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Daytime Phone: _____ **E-mail:** _____

Job Title: _____ **Agency Name :** _____

List course (s) for which you desire registration and approval (include alternatives)

4 Digit Reference #	Course Prefix and Number	Hours Credit	Grading "P" Pass/Fail	Options "X" Audit	Permission Authorization Code	Course Title
List Alternates below:						

I am a full-time State employee and eligible to receive up to 6 (six) credit hours of tuition free courses at a State university.

Employee Signature: _____ **Date:** _____

AGENCY HEAD APPROVAL

I certify that the employee named above is in full-time salaried status (excluding OPS) and has permission to take the course(s) indicated above.

_____
Agency Head/Designee's Signature Printed Name and Title Date

Daytime Phone: _____ E-mail: _____

In accordance with FS 1009.265

OFFICE USE ONLY

Registration processed By: _____ **Date**_____

Rev. 10/2008