



FLORIDA STATE UNIVERSITY

State Employee Tuition Waiver Form

(In accordance with Section 1009.265, Florida Statutes)

Revised 9/1/2009

Personal Data		
Last Name	First Name	Middle Name
Agency Name	Job Title	
Work Phone	Email	

Course Ref #	Course and sec # (e.g. ABC1234-01)	Course Title	Credit Hours	Dept Approval

**Spring 2010 state employee tuition waiver registration/submission date is:
Tuesday, January 12, 2010**

FAXES WILL NOT BE ACCEPTED

Eligible courses

Florida State University **does not** accept State Employee Waivers for the following:

- Graduate courses in the Colleges of Business, Law and Medicine
- Undergraduate limited access programs
- Dissertation, thesis, directed individual study, internship, or other one-to-one instructional courses
- Audited courses
- Distance Learning courses
- Center for Professional Development
- All non-fundable courses

Procedures

- Complete this form.
- Obtain the approval of your supervisor and agency head (or designee).
- Obtain the approval of the academic department offering the course *after* the drop/add period has ended. Approval is granted only for eligible courses which have space available.
- Take the waiver form to the Office of the University Registrar on the day and time listed above.

The tuition waiver will not be accepted for any courses added to your schedule prior to the designated state employee registration day.

Section 127, Internal Revenue Code, permits employers to offer undergraduate and graduate education benefits to employees on a tax-free basis, up to \$5,250 per calendar year. If the annual value of the state employee fee waivers exceeds \$5,250, then the excess will be reported to State Payrolls as taxable income.

I acknowledge that it is my responsibility to have the State Employee Tuition Waiver form signed by the appropriate academic department representative for each of the course(s) listed above. **I acknowledge that I assume personal financial liability for any course registered for prior to the fifth day of classes or dropped after the waiver has been submitted.**

Employee Signature	Date
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SUPERVISOR & DEPARTMENT HEAD APPROVAL

I certify that the employee named above is in full-time salaried status (excluding OPS). (Class attendance during regular work hours, including time to and from class, may be charged to compensatory or annual leave as determined by the supervisor.)

Supervisor's Signature	Printed Name and Title	Date
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Department Head Signature	Printed Name and Title	Date
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Office of the University Registrar: Processed by:	Date:
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