FLORIDA INTERNATIONAL UNIVERSITY
Miami's public research university

STATE EMPLOYEE TUITION WAIVER PROGRAM
(NON-FIU EMPLOYEES)

TO BE COMPLETED BY THE EMPLOYEE (*Please type or print form****)***

Last Name	First Name	M.I.	Social Security Number

Title	Employing Agency	Department

Work Phone Number	E-Mail Address

I am requesting a waiver For: Year: _____ Fall ☐ Spring ☐ Summer ☐

List course(s) for which you desire approval. Include 2 alternatives.

	Prefix, Number & Section	Course Title	Credit Hours	Class Day(s)/Time
Preferred				
Preferred				
Alternate				
Alternate				

I understand the following:

- I must be a full time state employee.
- My waiver of tuition of fees will apply for up to 6 credit hours per semester.
- I must register for classes between 12 noon and 5:00 p.m. on the last day of the drop/add period during the first week of classes.
- My ability to secure the courses I request depends on space availability.
- The waiver will only apply to tuition. All other charges are my responsibility.
- Courses in the College of Law, Executive Cohort programs, undergraduate limited access programs, dissertation, thesis, directed individual study, directed research courses, internships, distance learning, CAPS Professional Development offerings (continuing education courses), or other one-to-one instructional courses are **not** covered.

_____ _____
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)	Title	Phone Number

Supervisor's Signature	Date

Agency Head or Designee (please print)	Title	Phone Number

Agency Head or Designee Signature	Date

Once this form is completed with all the appropriate approvals, please submit to the FIU Cashier's Office at either campus.

CLEAR FORM PRINT FORM