Florida State University

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State Employee Tuition Waiver Application

For admitted FSU students employed in a budgeted authorized position of the executive, legislative, or judicial branch of the State of Florida In accordance with Section 1009.265, Florida Statutes

Last Name:	First Name:	Middle Name:	
FSU EMPLID:	FSU Email:	Phone:	
Agency Name:	Job Title:	Term/Year:	

Student Instructions:

Note: State Employees must be admitted to the University to use this waiver

- 1. Review waiver rules on the Office of the Registrar's web site at http://registrar.fsu.edu/records/waivers/state_employee/
- 2. Complete this form indicating the classes you wish to take and obtain approval & signatures from your supervisor and agency head (or designee)
- 3. Take the completed form to the FSU academic department of each course for approval & signature. Approval is granted only for eligible courses.
- 4. Register for **state-fundable** courses during your normal enrollment appointment. Find your enrollment appointment here: http://registrar.fsu.edu/calendar/ Find help on registering here: http://www.sc.my.fsu.edu/Students/How-To/Search-for-and-Add-a-Class-to-Your-Shopping-Cart
- 5. Scan & email the completed waiver form to CTL-StateEmployee@fsu.edu by the end of the first week of classes.

Academic Department Instructions:

Review classes for space availability and sign to certify that course is not one of the ineligible class types below:

- Graduate courses in the Colleges of Law and Medicine
- Dissertation, thesis, directed individual study (DIS), internship or other one-on-one courses
- Audited courses
- Center for Academic and Professional Development
- All non-state funded courses or *sections* (including some distance learning courses that are funded solely by student tuition and fees)

Course Subject and Number (e.g. ABC1234)	Class Section and Ref # (e.g. 0001-LEC(1234))	Course Title	Academic Dept. Dean or Designee Approval	Approver's FSUID

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.

By signing my name below, I hereby acknowledge that I am a qualified State Employee, and 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 my waiver will not be processed until after the drop/add period, which could delay refunding of my financial aid. I acknowledge that I assume personal financial liability for any course or fee that is not covered by the waiver, including the \$100 Late Registration Fee, or dropped after the form has been submitted. I also acknowledge that any student fees associated with the course(s) covered by this waiver do not cover admission to the Bobby E. Leach Center or FSU Football/Basketball games.

Employee Signature:

Date:

SUPERVISOR AND AGENCY HEAD APPROVAL

By signing my name below, I hereby certify that the employee named above is in full-time salaried status (excluding OPS). I acknowledge that 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:

Agency Head's Signature:

Date:

Date: