

## Florida Agricultural and Mechanical University

**University Registrar** 

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## **State Employee Tuition Waiver Program**

(In accordance with Section 1009.265, Florida Statues)

	First Name		Middle Name
ist Name:		Middle Name:	
AMU EMPLID:		FAMU Email Phone:	
gency Name:	Job Title		
I am requesting waiver for: Fall  Date of first day of classes (if known	Spring Summer A	B C	Year: 20
Name of Course(s): List the course r	umber, title, and the number of cred	it hours.	
Course Subject, Number, Class Section and Ref# e.g. ENC 1102 001 1234	Course Title		ss Day(s) Costs/Value po Time credit hours
Preferred			
Preferred			
Alternate			
Alternate			
-		Total Costs	s/Value:
• This waiver will be processed after last <b>Procedures:</b>	dar for deadlines and complete this form. and agency head (or designee). partment offering the course(s).	se I will be responsibl	le for my fees.
Employee Signature		Date	
I authorize the above-named employee to pan established authorized position with a f	Agency Authorization participate in the Tuition Waiver Program. I ull-time equivalency (FTE).	also certify that the	above-named employee hold
Supervisor's Signature	Printed Name and Title	Phone:	Date
Department/Agency Head Signature	Printed Name and Title	Phone:	Date
Office of the University Registrar Processed by:		Date:	