



# Florida Agricultural and Mechanical University

University Registrar

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## State Employee Tuition Waiver Program

(In accordance with Section 1009.265, Florida Statutes)

Last Name:		First Name		Middle Name:	
Student ID:		FAMU Email		Phone:	
Agency Name:		Job Title			

I am requesting waiver for: Fall \_\_\_\_ Spring \_\_\_\_ Summer A \_\_\_\_ B \_\_\_\_ C \_\_\_\_ Year: 20 \_\_\_\_

Date of first day of classes (if known) \_\_\_\_\_

Name of Course(s): List the course number, title, and the number of credit hours.					
Course Subject, Number, Class Section and Ref# e.g. ENC 1102 001 1234	Course Title	Credit Hours	Class Day(s) Time	Costs/Value per credit hours	
Preferred					
Preferred					
Alternate					
Alternate					
Total Costs/Value:					

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.

### I understand the following:

- I must be a full-time state of Florida agency (Non-SUS) employee to participate.
- My waiver of tuition fees will apply for no more than 6 credit hours per semester. Waiver applies only to tuition.
- Fee waivers may not be used for online degree programs (MBA, Nursing, and Public Health), thesis, dissertation, applied music courses, internship, courses requiring directed individual instruction, or offered in Architecture, Journalism, Nursing, and Pharmacy.
- My ability to secure the requested courses depends on space availability.
- **I must register only on the designated registration dates for State employees, otherwise I will be responsible for my fees.**
- This waiver will be processed after last day of Drop and Add of each term.

### Procedures:

- Review the University Academic Calendar for deadlines and complete this form.
- Obtain the approval of your supervisor and agency head (or designee).
- Obtain the approval of the academic department offering the course(s).
- Submit the completed waiver form to the address above.

\_\_\_\_\_  
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 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:

[Revised 08/07/2025-clm]