

## STUDENT FINANCIALS SERVICES

## 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.	. Panther ID		
Title		Employing Agency			Department		
Work Phone Number		E-M	ail Address				
I am requesting a waiver for:		Year:	Fall	Spring	Summer		
List course	e(s) for which you des	sire approval. Inc	clude 2 alternative	S.			
	Prefix, Number & Section	Course Title				Credit Hours	Class Day(s)/Time
Preferred							
Preferred							
Alternate							
Alternate							
	Undergraduate Dissertation, the	ograms are not co cation including I limited access pro	overed by this wai market rate & self ograms vidual study, direc	ver:	rams & courses t	-	tps://continue.fiu.edu/
Employee Signature					— Da	ate	
I authorize t	the above-named employme equivalency (FTE).		the Tuition Waiver F	rogram. I also certif	y that the above-na	imed employee 1	holds an established authorized position
Supervisor's Name (please print)			Title	·	Phone Number		
Supervisor'	s Signature		Date	2			
Agency Head or Designee (please print)			Title	·	Ph	ione Number	r
Agency Head or Designee Signature			Date	<u> </u>			