



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-Mail Address

I am requesting a waiver for: Year: _____ Fall _____ Spring _____ Summer _____

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

Table with 5 columns: Preference, Prefix, Number & Section, Course Title, Credit Hours, Class Day(s)/Time. Rows include Preferred and Alternate options.

I understand the following:

- I must be a full-time state employee, on the date that fees are due, who can be verified through FLAIR.
My waiver of tuition of fees will apply for up to 6 credit hours per semester.
My ability to secure the courses I request depends on space availability - Fully admitted students may enroll on their assigned registration date.
The waiver will only apply to tuition, health & athletic fees. All other charges are my responsibility.
The following courses/programs are not covered by this waiver: College of Law, Continuing Education including market rate & self-supporting programs & courses found at https://continue.fiu.edu/ Undergraduate limited access programs, Dissertation, thesis, directed individual study, directed research courses, internships, Any one-to-one instructional courses.

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