FIU
FLORIDA INTERNATIONAL UNIVERSITY
Miami's public research university

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.

	Prefix, Number & Section	Course Title	Credit Hours	Class Day(s)/Time
Preferred				
Preferred				
Alternate				
Alternate				

I understand the following:

- I must be a full time state employee that 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 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

Once this form is completed with all the appropriate approvals, please submit via email to waivers@fiu.edu.