

STATE EMPLOYEE TUITION FEE WAIVER FORM



OFFICE OF THE REGISTRAR
11000 University Parkway, Bldg 18 Pensacola, FL 32514
Telephone: 850.474.2244 Fax: 850.473.7345
registrar@uwf.edu

For **State Employees** attending UWF; employees of the Executive, Legislative, and Judicial branches of state government.

UWF ID Number: _____ Name: _____
First Middle Initial Last

Street Address: _____ City: _____ State: _____ Zip Code: _____

Agency Name: _____ Job Title: _____ Email Address*: _____
*Valid Email Required

Indicate your category (mark only one): State Employee Executive Branch Legislative Branch Judicial Branch

Student Status (mark only one): Current Student New/ Readmitted Student (Required)

REGISTRATION INFORMATION

REGISTRATION TERM: Year _____ Semester: Fall Spring Summer **Total number of credits hours:** _____

List course(s) for which you desire approval:

5-digit CRN (REQUIRED)	Subject Course Number	Course Title	Credit Hours

List alternative course(s) below:

5-digit CRN (REQUIRED)	Subject Course Number	Course Title	Credit Hours

I acknowledge and understand the following limitations:

- I must be admitted to the University as a full-time State employee
- I may request up to 6 credit hours per semester.
- I must turn in my **State Employee Tuition Waiver Form** after course registration (during the add/drop period).
- I may only register for course(s) during the designated State Waiver registration period. If I register prior to that period, I will assume financial responsibility for the course(s). State Waiver registration dates may be found at uwf.edu/offices/registrar/tuition-fee-waivers/state-employee-tuition-waiver/.
- I understand certain fees are not covered, therefore, an account balance may be due.
- I have read and acknowledge the State Employee tuition fee waiver policy found at uwf.edu/offices/registrar/tuition-fee-waivers/state-employee-tuition-waiver/.

Employee Signature: _____ **Date:** _____

***I certify this employee is employed by the State of Florida in a full-time salaried position (excluding OPS), and has the approval of the agency head or designee to participate in this program.**

Supervisor of Agency Head* (or Equivalent) _____ **Date:** _____
Signature Printed Name

Position Title: _____ Phone Number: _____ Email Address: _____

In accordance with [FS 1009.265](#)

OFFICE USE ONLY:

DATE RECEIVED: _____ DATE PROCESSED: _____ PROCESSED BY: _____ FORWARD CASHIER: _____