

☐ Approved

☐ **Disapproved** Registrar: ___

OFFICE OF THE REGISTRAR

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STATE EMPLOYEE TUITION FEE WAIVER FORM

Last Name	First Name		MI	
Social Security Number		FAU Student Z#		
Job Title and Class Code	Department	Agency Location		
Work Phone Number:			Semester Enrolled (check one): ☐ Fall ☐ Spring ☐ Summer Year:	
E-mail Address:			O	
By signing below, I certify that the emphours of tuition free courses at a state • Participation in the program is	university. It is understood s to be conducted on the e	by the employee that: employee's own time;	nployee and eligib	ole to receive up to six crec
By signing below, I certify that the emphours of tuition free courses at a state	university. It is understood to be conducted on the e any time off in connection not obligated to grant time g university courses on wo	by the employee that: employee's own time; with this program; off or leave so the emp rk time;	loyee can particip	ate in the program;
By signing below, I certify that the emhours of tuition free courses at a state • Participation in the program is • Required to request leave for a • The employee's supervisor is r • The employee is not attending • The value of graduate level tu Tax Exemption for Employer Provided Under current provisions of Internal R Employees are advised that the IRS has Supervisor's Certification – The course 1 (a) Maintain or improve the emp	university. It is understood to be conducted on the eany time off in connection not obligated to grant time guniversity courses on wo ition-free courses may be a Educational Assistance evenue Code 127, graduates final approval authority is indicated above are eith loyee's job related skills. (I	by the employee that: employee's own time; with this program; off or leave so the emport time; taxable under the Internate courses are tax exempn these matters.	loyee can particip al Revenue Code ot for the first \$5,2	ate in the program; Section 127. 250 per calendar year.
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