



OFFICE OF THE REGISTRAR

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STATE EMPLOYEE TUITION FEE WAIVER FORM

TO BE COMPLETED BY THE EMPLOYEE (Please type or print)

Last Name First Name MI

Social Security Number FAU Student Z#

Job Title and Class Code Department Agency Location

Work Phone Number: E-mail Address: Semester Enrolled (check one): Year:
Fall Spring Summer
Summer ___1 ___2 ___3

Course work to be completed at:

LIST COURSE(S) BELOW FOR WHICH YOU DESIRE APPROVAL (INCLUDE ALTERNATES)

Table with 4 columns: Course Prefix & Number, Class Title, Credit Hours, Class Time

Certification of Eligibility:

By signing below, I certify that the employee's name who is listed above is a full-time employee and eligible to receive up to six credit hours of tuition free courses at a state university. It is understood by the employee that:

- Participation in the program is to be conducted on the employee's own time;
Required to request leave for any time off in connection with this program;
The employee's supervisor is not obligated to grant time off or leave so the employee can participate in the program;
The employee is not attending university courses on work time;
The value of graduate level tuition-free courses may be taxable under the Internal Revenue Code Section 127.

Tax Exemption for Employer Provided Educational Assistance

Under current provisions of Internal Revenue Code 127, graduate courses are tax exempt for the first \$5,250 per calendar year.

Employees are advised that the IRS has final approval authority in these matters.

Supervisor's Certification - The courses indicated above are either:

- 1. (a) Maintain or improve the employee's job related skills. (b) Meet the express requirements of the employer or are imposed by the employer as a condition of employment.
2. Were taken to qualify the employee for a career change or to meet the minimum educational requirements of the current job.

Employee's Signature: Date:

Supervisor's Name (please print): Date:

Supervisor's Signature: Title:

Agency Head or designee Name (please print): Date:

Agency Head or designee Signature: Title:

Phone Number: Date:

REGISTRAR'S USE ONLY:

Approved Disapproved Registrar: Date: