STATE EMPLOYEE TUITION WAIVER PROGRAM
PARTICIPATION FORM

_____
Name of State University or Community College

By completing this form you are requesting agency approval to participate in this program.
You will still need to complete the appropriate forms of the school you are attending.

Name _____
Agency _____ Phone # _____
Division _____ Bureau _____
Address _____ City _____
State _____ Zip Code _____
e-mail address _____

I am requesting a waiver for ☐Fall ☐Spring ☐Summer Year

Date of first day of classes (if known) _____

Name of Courses: List the course number, title, and the number of credit hours.		
	Course ID	Please list up to four courses, two preferred and two alternate
Preferred		
Preferred		
Alternate		
Alternate		

I, the undersigned, acknowledge the following:

- My waiver of tuition and fees will apply to no more than six credit hours per term.
- I must register for classes during the State Employee registration period prescribed by the state university or community college that I plan to attend.
- All other charges/fees are my responsibility.
- My ability to secure the courses I request depends on space availability.

NOTE: Participating employees should be aware that the school at which you apply may require you to provide your social security number to verify employment.

_____ _____
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) _____

_____ _____
Supervisor's Signature Title

Department Head or designee Jeff Stachnik

_____ GOC III-HRM
Department Head of Designee Signature Title