



FINANCIAL AID/VETERAN SERVICES/SCHOLARSHIPS

State Employee Tuition Waiver Program 2013-2014

Florida law allows Pensacola State College to waive tuition and fees for State employees of the executive, legislative, and judicial branches of State government for up to six credit hours per term, on a space-available basis. All other charges/fees (application fee, lab fee, distance learning fees, textbooks, etc.) are the student's responsibility. Students must be awarded a grade for the course attempted.

Eligible State employees must present the State Employee Tuition Waiver Request Form, signed by the employee's supervisor, to the Financial Aid/Scholarships Office. Eligible state employees may obtain a form from the Financial Aid/ Scholarships Office on the Pensacola, Milton, or Warrington campus. Also, the waiver form may be downloaded from the following website: <http://www.pensacolastate.edu/students/studentFormsApps.asp>.

For first-time PENSACOLA STATE COLLEGE students, you must complete the college admissions process by submitting an Admissions Application to the PENSACOLA STATE COLLEGE Admissions Office and paying the one-time application fee.

Follow the steps listed below to activate your use of the State Employee Waiver:

1. You must complete the State Employee Tuition Waiver form and have it signed by your supervisor. Submit the completed and signed form to the Pensacola State College Financial Aid/Veteran Services/Scholarship Office. To avoid delays, you may submit the form in one of three ways:
 - a. Fax the completed form to: (850) 484-2181
 - b. Mail the completed form to:
Financial Aid/Veteran Services/Scholarships
Pensacola State College
1000 College Blvd.
Pensacola, FL 32504
 - c. Drop off the completed form at the Financial Aid/Veteran Services/Scholarship Office at any one of the three campus locations.
2. You **must** register for classes during the State Employee registration period listed below.

If you choose to register and/or pay fees to hold a seat in a class prior to the date available to use this waiver, you will forfeit eligibility for the waiver.

Fall or Spring Term Registration

Session A	third day of schedule adjustment period
Session B	third day of schedule adjustment period
Session C	second day of schedule adjustment period
Session D	second day of schedule adjustment period

Summer Term Registration

Session A	first day of schedule adjustment period
Session B	first day of schedule adjustment period
Session C	first day of schedule adjustment period
Session D	first day of schedule adjustment period



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**State Employee Tuition Waiver Program
(Intent to Enroll at Pensacola State College)
2013-2014**

By completing this form you are notifying the institution of your intent to enroll at Pensacola State College. You will still need to complete the appropriate forms for admission and registration at the institution.

Employee Name	Employee SSN*
Agency	Agency Telephone #
Division	Bureau
Address of Agency	City, State, Zip
Agency Email Address	Term of Enrollment (check only one) <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer

COURSES FOR WHICH REGISTRATION IS REQUESTED				
Indicate Section number, Course number, Course Title, and the number of credit hours for each. Choose four courses: two preferred and two alternate courses				
	Section #	Course #	Course Title	Credit Hours
Preferred				
Preferred				
Alternate				
Alternate				

By my signature below, I 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 or community college that I plan to attend.
- ◆ All other charges/fees (application fee, lab fees, distance learning fees, textbooks, etc.) are my responsibility.
- ◆ My ability to secure the course I request depends on space availability.

Student Signature _____ Date _____

Agency Authorization

I authorize the above-named employee to participate in the State Employee Tuition Waiver Program. I also certify that the above-named employee holds an established position with a full-time equivalency (FTE).

Printed name and title of Supervisor: _____

Signature of Supervisor: _____

Printed name and title of Agency Head (or designee): _____

Signature of Agency Head (or designee): _____

Financial Aid/Veteran Services/Scholarships Office Use Only				
\$	Amount input for specified term	(college credits \$92.70 + \$25 late fee)		
\$	Amount input for specified term	(vocational credits \$78.80 + \$25 late fee)		
Waiver Account Number #1-81200-00-0020-68005	Sequence Number	Year / Term	Data Entry Operator	Date