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 Office. Eligible State employees may obtain a form from the Financial Aid Office on the Pensacola, Milton, or Warrington campus. Also, the waiver form may be downloaded from the following website: <http://www.pensacolastate.edu/forms-apps/financialAid/stateEmpTuitionWaiver.pdf>

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 in the Financial Aid/Veteran Services/Scholarship Office on 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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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)

☐ Fall  ☐ Spring  ☐ 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.

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Preferred</th>
<th>Alternate</th>
<th>Alternate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section #</td>
<td>Course #</td>
<td>Course Title</td>
<td>Credit Hours</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>$</th>
<th>Amount input for specified term (college credits $76.82 + $25 late fee)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>Amount input for specified term (vocational credits $66.33 + $25 late fee)</td>
</tr>
</tbody>
</table>

Waiver Account Number #1-81200-00-0020-68005  Sequence Number  Year / Term  Data Entry Operator  Date

Rev. 2/2011; 6/2011

Required and authorized by Title IV of the Higher Education Act of 1965, as amended (§§483 and 484); 20 USC 1078, 1090, 1091 & 1092; 34 CFR 668.16; 34 CFR 668.33; 34 CFR 668.36; 34 CFR 668.32(i) and 34 CFR 668.36