

**Pensacola State College
Adjunct Faculty Scholarship/Waiver Authorization**

Employee Name: _____ Employee ID #: _____

Department: _____ Campus: _____ Cost Center: _____

I wish to obtain the scholarship/waiver for the Term/Year _____/_____ to enroll in the following:

<u>SECTION #</u>	<u>COURSE #</u>	<u>COURSE TITLE</u>	<u>CR. HRS.</u>	<u>TIME</u>	<u>RELEASE TIME</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Credits: _____

I am aware the scholarship/waiver may be used only for college credit, vocational credit, college preparatory and vocational preparatory courses not to exceed 12 credit hours per standard term. This scholarship/waiver excludes supplemental, recreation and leisure, life-long learning, and special fees such as lab or music.

Employee Signature: _____ Date: _____

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This is to verify that _____ is an adjunct faculty member and is eligible for a scholarship of matriculation fees.

- _____ Pensacola Campus Adjunct Scholarship Account 5-80030-0032-23800
- _____ Warrington Campus Adjunct Scholarship Account 5-80030-0033-23800
- _____ Milton Campus Adjunct Scholarship Account 5-80030-0034-23800
- _____ Community Programs Adjunct Scholarship Account 5-80030-0035-23800

Department Head Signature: _____ Date: _____

Campus Dean/Vice President Signature: _____ Date: _____

CASHIER'S OFFICE USE ONLY

Scholarship Account Number: 5-80030-00-0056-23800 Sequence: _____ Issue Amount: _____

Year/Term: _____ Data Entry Operator: _____