



THE FLORIDA STATE UNIVERSITY
PANAMA CITY

STATE EMPLOYEE TUITION WAIVER FORM

(In accordance with Section 1009.265, Florida Statutes)

THIS FORM IS TO BE USED **ONLY** FOR THE PANAMA CITY CAMPUS

Personal Data			
Last Name	First Name	Middle Name	
Agency Name	Job Title	Work Phone	Email

(Do **not** register for the following courses on your own. You will be manually added into them after this form is processed.)

Course Ref Number	Course and sec # (e.g. ABC1234-01)	Course Title	Credit Hours	Dean/Faculty/Advisor Approval (Required)

Fall 2016 State Employee tuition waiver registration/submission date is: **Friday, September 2, 2016.**

FAXES AND EMAILS WILL NOT BE ACCEPTED

Eligible Courses

Florida State University **does not** accept State Employee Waivers for the following:

- Graduate courses in the Colleges of Business, Law and Medicine
- Undergraduate limited access programs
- Dissertation, thesis, directed individual study, internship, or other one-to-one instructional courses
- Audited courses
- Center for Professional Development
- All non-state funded courses (including some distance learning courses that are funded solely by student tuition and fees) - **contact the academic department to inquire about the course funding.**

Procedures

- Complete this form and obtain signatures from the appropriate department representative of each course listed
- Obtain the approval of your supervisor and agency head (or designee)
- Take the waiver form to the Panama City Office of Admissions and Records (Rm. 108 Barron Bldg.) on the date listed above between 8:00 am and 4:00 pm.

The tuition waiver will not be accepted for any courses added to your schedule prior to the designated state employee registration day.

Section 127, Internal Revenue Code, permits employers to offer undergraduate and graduate education benefits to employees on a tax-free basis, up to \$5,250 per calendar year. If the annual value of the state employee fee waivers exceeds \$5,250, then the excess will be reported to State Payrolls as taxable income.

I acknowledge that it is my responsibility to have the State Employee Tuition Waiver form signed by the appropriate department representative for each of the course(s) listed above. **I acknowledge that I assume personal financial liability for any course registered for prior to the fifth day of classes or dropped after the wavier has been submitted.** I acknowledge that any student fees associated with the course(s) covered by this waiver do not cover admission to the Bobby E. Leach Center of FSU Football/Basketball games.

Employee Signature Date

SUPERVISOR & DEPARTMENT HEAD APPROVAL

I certify that the employee named above is in full-time salaried status (excluding OPS). (Class attendance during regular work hours, including time to and from class, may be charged to compensatory or annual leave as determined by the supervisor.)

Supervisor's Signature Printed Name and Title Date

Department Head Signature Printed Name and Title Date

ACTION BY OFFICE OF REGISTRAR:

Processed by: _____ Date: _____