STATE EMPLOYEE TUITION WAIVER PROGRAM -- INTENT TO APPLY

AT SANTA FE COLLEGE

Complete this form and fax it (Attn: Cashier) to (352) 381-7020. If you have any questions, please call the Cashier's Office at (352) 395-5227.

Name	Santa Fe ID		
Agency	Phone #		
Address	City		
State	Zip Code		
Email address			
I am requesting a waiver for Fall Spring Summer Year			

List Courses:				
Preferred				
Preferred				
Alternate				
Alternate				

I, the undersigned, acknowledge the following:

- The State waiver covers no more than six credit hours per term.
- State Employees cannot register prior to the last day of registration for any session.
- All other charges/fees are my responsibility.
- My ability to secure the courses I request depends on space availability.

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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	Date				
Agency Head or designee (please print)						
Agency Head or designee Signat	ure Title					
Phone Number	Date					