

1. Complete all fields on this form when you register for EFSC courses. Use the Tab key to move from one field to the next.
2. Class registration is limited to 2 (two) classes or 7 (seven) credit hours per semester.
3. After registration, submit this completed and signed form to the HR/Tuition Program Office on Cocoa a minimum of 5 (five) days prior to fee-due date to ensure timely processing.
4. HR will review for eligibility and, if approved, submit to Accounting; the waiver will be applied at that time.

Personal Information	Name:	Date:	Term:
	Date of hire:	Employee B number: B	
Job Type	Job Category (choose most appropriate): <input type="checkbox"/> Full-time employee, non-faculty <input type="checkbox"/> Regular part-time employee, non-faculty <input type="checkbox"/> Full-time faculty <input type="checkbox"/> Part-time (adjunct) faculty		
PT Faculty	If PT Faculty, mark your selection for the following: Length of time teaching (select one): <input type="checkbox"/> 6+ semester hours during previous academic year <input type="checkbox"/> Less than 6 semester hours/previous academic year Teaching Schedule (select one): <input type="checkbox"/> Teaching at EFSC during time of course completion <input type="checkbox"/> Not teaching at EFSC during time of course completion		
Course Choice(s)	Number of Credit Hours: <input type="checkbox"/> 1, <input type="checkbox"/> 2, <input type="checkbox"/> 3, <input type="checkbox"/> 4, <input type="checkbox"/> 5+ Course ID Number: Course Description:	Number of Credit Hours: <input type="checkbox"/> 1, <input type="checkbox"/> 2, <input type="checkbox"/> 3, <input type="checkbox"/> 4, <input type="checkbox"/> 5+ Course ID Number: Course Description:	
	Number of Credit Hours: <input type="checkbox"/> 1, <input type="checkbox"/> 2, <input type="checkbox"/> 3, <input type="checkbox"/> 4, <input type="checkbox"/> 5+ Course ID Number: Course Description:		
Tuition	Indicate tuition total: \$		
Employee Commitment	Please check each paragraph to indicate your understanding and agreement (all boxes must be checked): <input type="checkbox"/> I understand that if I receive a grant or scholarship after applying for a tuition waiver that this waiver will be applied only to the extent that there is a remaining balance owed for tuition. EFSC tuition waivers will not result in refunds to the employee. <input type="checkbox"/> I understand that the College reserves the right to withhold tuition waivers when select balances are owed to the College by the employee. <input type="checkbox"/> I understand that it is my responsibility to pay fees associated with the class(es) or my registration will be dropped. By checking each box above and by signing below I agree to each of the items and I will submit this completed electronic form to the HR/Tuition Program Office on Cocoa Campus, either by email to Tuition@easternflorida.edu , by campus mail, or in person. Agreement to above information: _____ <div style="text-align: right;">Signature</div>		
Supervisor	I acknowledge that I have been informed that the above-named employee will be attending class at EFSC, but not during the hours of responsibility to the College. _____ Supervisor signature Print name		
HR Review	Date Received: HR Initials AVP Initial:	HR Notes:	
	Instructions to Accounting	Amount to waive: \$	