

Before completing this application, please read the instructions at [www.registrar.ufl.edu/currents/specialregistrations.html](http://www.registrar.ufl.edu/currents/specialregistrations.html).  
 Note: This application is for state agency employees only. If you are an employee of the University of Florida, please use the appropriate form for UF employees – you can find it at <http://www.hr.ufl.edu/education/eep/default.asp>.

**1. Employee:** Complete the information below.

Last name:	First name:	MI:
UF ID #:	Date of Birth:	
Phone #:	Alternate Phone #:	
Email Address:	State Agency:	
Department:	Work Address:	
Semester enrollment: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer ____ (A, B, C, or D)		

List course(s):

Course Prefix and Number	Course Section (Required)	Course Title	Credit Hours	Class Period

**Restrictions:** Enrollment will be limited to courses that do not increase the direct cost to the university. Courses that increase direct cost and therefore are not space-available courses include, but are not limited to, TBA (to be arranged), individualized courses, distance learning courses, dissertation, off-book (or self-funded), internships, and thesis courses, as per University of Florida rule 6CI-1.012. In addition, according to Section 1009.265(1) of the Florida Statutes, courses taken through this program do not have to be work-related.

**Other Exclusions and Limitations**

No more than \$5,250 in educational assistance provided per Plan Year under the Program qualifies for tax-free treatment. Any educational assistance provided to a participant under the Program which is valued in excess of \$5,250 will be reported to the Internal Revenue Service as income received by the participant. No eligible employee may receive monetary or other compensation in lieu of participation in the Program.

**2. Employee's Signature**

By signing below, I certify that the information I have provided is accurate. Unless the course is required, time utilized by the employee in connection with the course(s) is not time for which the employee will be paid. I agree to comply with the state of Florida tuition fee waiver regulations. I understand that only the sections listed above will be considered for waiver of fees, providing that are approved by the Registrar's Office.

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Employee's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**3. Employing State Agency Human Resources Representative**

I have reviewed the request and the above person is an eligible state agency employee.

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Representative's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**4. Department Offering Course(s)**

I have no objections to enroll in the above named course(s).

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Representative's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**5. Registrar's Office** (Note: All information on this form must be completed prior to seeking the approving signature of the university's registrar). The courses above are approved for the State Agency Tuition Fee Waiver.

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University Registrar Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_ Rev. 02/08