



**TUITION WAIVER FORM**  
**EMPLOYEE / SPOUSE / DEPENDENT**  
 EMPLOYEE WAIVER CODE – LE  
 SPOUSE / DEPENDENT WAIVER CODE – LD

**THIS FORM IS NOT VALID WITHOUT HUMAN RESOURCES APPROVAL (SEE BELOW)**

Per Board Rule 6.08, full-time, regular employees who have successfully completed 90 days of employment with the College, as well as their spouses and dependents (per federal I.R.S. guidelines) , may be eligible for fee waivers covering matriculation fees (resident tuition only) for up to a maximum of two credit courses per term, plus lab fees. The number of students eligible for such scholarships may be limited by available funding.

Print Name of Employee	Employee XID
Print Name of Spouse/Dependent (if applicable)	Student ID

Tuition waiver is requested for Term: 20 \_\_\_\_\_ 20 \_\_\_\_\_

Fall (10)                      Spring (20)                      Summer A/AE (30)                      Summer B (40)

COURSE ABBREV/NUMBER	COURSE NAME	CREDIT HOURS
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Grade Verification Received	Date:	Grade:
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Grade Verification Received	Date:	Grade:
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I certify that the person identified above is a dependent or spouse as defined by federal I.R.S. guidelines. I understand that it is my responsibility to submit this completed form to the Admissions Office prior to the fee payment deadline in order for the waiver to be applied. Failure to do so by this deadline may result in my being dropped from the courses due to non- payment. I understand that once this form has been submitted, a registration hold will be placed on my account preventing me from making changes to my registration. If I need to make changes, I must obtain a new fee waiver approval form.

The Admissions Office will make the appropriate changes to my registration and fee waivers at that time.

Employee Signature	Date
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**EMPLOYMENT CERTIFICATION**

I certify that the above employee is a full-time, regular employee at Lake-Sumter State College and has successfully completed ninety (90) days of employment.

Tuition Waiver Request:	Approved	Denied	Date: _____
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Reason: _____
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Human Resources Representative	Date
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