STATE OF FLORIDA EMPLOYEE TUITION WAIVER

Effective Spring term 2003, Lake-Sumter State College will waive tuition and fees for state employees to enroll for up to six (6) credit hours of courses per semester on a space available basis. State employees are defined as employees of the executive, legislative, and judicial branches of state government (according to Florida Statute 1009.265). State employees not eligible include state university system, the state college system, the community college system, county employees, local school districts, or other personnel employed by local government entities. Lake-Sumter State College reserves the right to verify the requestor is employed by the state of Florida by using the Florida Has A Right To Know; State of Florida Employee Salaries website (http://salaries.myflorida.com/).

For Public School Teachers Only
Beginning in Spring 2014, a full-time classroom teacher employed by a public school district is eligible for a tuition and fee waiver. The waiver is limited to six (6) credits per semester consisting of undergraduate courses in math, science, and special education. The courses cannot be taken during school day hours. All other limitations apply as well.

GUIDELINES:

- Please submit this form to the Leesburg Campus Office of Admissions and Records.
- State employees are responsible for paying Admissions application fees.
- State employees must complete all admissions requirements, including the application for admission, placement testing, transcripts, proof of prerequisites, etc.
- State employees must register in person during the college’s advertised add period (please see academic calendar for specific date and time). Registration is for classes on a space available basis only. Students should not register for the course(s) until the Friday before the beginning of the semester. Students who register prior to this date will risk being dropped from the course(s).
- Tuition and Fees will be assessed at the non-resident rate unless the student provides documentation that satisfies residency for tuition purposes as outlined in Section 240.1201, Florida Statutes, and Rule 6A-10.044, Florida Administrative Code.
- Tuition will be waived for a maximum of six (6) credits per semester, plus any applicable lab fees. Waiver is for college credit or *vocational credit courses only; it is not applicable to non-credit (continuing education) courses. Any charges related to more than six (6) credits will be the responsibility of the student.
- Courses must be taken for a grade; they may not be taken as audit.
- A completed tuition waiver form must be provided each semester. If the form is not provided, the student will be responsible for tuition and fees.
- The tuition waiver is for the current semester of registration only. It is not retroactive.

* Public school teachers: vocational courses not eligible

LSSC is an equal access/equal opportunity institution.
State of Florida Employee Tuition Waiver Form

To be completed by the employee (please type or print):

_________________________________________
Name: Last, First, MI

___________________  ________________________
Phone Number   LSSC Email

COURSE(S) SELECTED:
YOU MAY NOT EXCEED SIX (6) CREDIT HOURS PER SEMESTER

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<thead>
<tr>
<th>CRN</th>
<th>Course Prefix</th>
<th>Course Number</th>
<th>Credit Hours</th>
<th>Name of Course</th>
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<th>DEPARTMENT/AGENCY:</th>
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Name of Agency: ______________________________
Job Title: ________________________________
Phone Number of Agency (_____) ____________________

Public School Teacher:
☐ Yes
☐ No

I certify that I am a full-time state employee and eligible to receive up to six (6) credit hours of tuition-free courses at Lake-Sumter State College. I understand that:

- My participating in this program is to be conducted on my own time;
- I am required to request leave for any time off in connection with this program; and
- My supervisor is not obligated to grant me time off or leave so that I may participate in the program.

Remember, the waiver is only valid for up to six (6) credit hours, and that all other charges are my responsibility.

_______________________________________                                        ________________________
Employee Signature                                                                                          Date

The Supervisor and Agency Head certify that this employee is eligible to participate in this program and meets the conditions outlined in State law (Florida Statute 1009.265).

______________________________________            ______________________________________
Supervisor’s Signature                                 Date              Agency Head or Designee’s Signature        Date

Select Term:
☐ Fall
☐ Spring
☐ Summer A/AE
☐ Summer B
Year _________

Select Term:
☐ Fall
☐ Spring
☐ Summer A/AE
☐ Summer B
Year _________

Print Name                                            Title                        Print Name