

St. Petersburg College

STATE EMPLOYEE TUITION WAIVER - INTENT TO REGISTER

By completing this form, you are notifying St. Petersburg College of your intent to register for courses. New students to SPC will need to complete an SPC application at: http://www.spcollege.edu/ Complete and submit the waiver and the attached registration form to the registration office on or after the Friday before the start of the term. See the college calendar for dates at: http://www.spcollege.edu/calendar/

Name _____ Student ID # _____
Agency _____ Agency phone # _____
Division _____ Bureau _____
Address _____ City _____
State _____ ZIP Code _____
E-mail address _____ Student phone # _____

I am requesting a waiver for: [] Fall [] Spring [] Summer _____ Year
Date of first day of classes (if known) _____

Table with 6 columns: Preference, Class #, Subject, Catalog #, Title, Credit Hours. Rows include Preferred and Alternate options.

I, the undersigned, acknowledge the following:

- My waiver of tuition and fees will apply to no more than six credit hours per term.
I must register for classes during the State Employee registration period prescribed by St. Petersburg College.
All other charges/fees are my responsibility e.g., lab fees, online lab fees, etc.).
My ability to secure the courses I request depends on space availability.

Signature _____ 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 (print or type) _____

Supervisor's signature _____ Title _____ Date _____

Agency head or designee (print or type) _____

Agency head or designee's signature _____ Title _____

Phone number _____ Date _____