STATE EMPLOYEE TUITION WAIVER PR0GRAM -- INTENT TO APPLY

AT _____
Name of university or community college

By completing this form you are notifying the institution of your intent to apply. You will still need to complete the appropriate forms of that particular institution.

Name _____ SSN _____
Agency _____ Phone # _____
Division _____ Bureau _____
Address _____ City _____
State _____ Zip Code _____
Email address _____

I am requesting a waiver for __ Fall ___ Spring ___ Summer Year_____

Date of first day of classes (if known) _____

Name of Courses: List the course number and title and the credit hours				
	Course #	Section #	Course Title	Credits
Preferred				
Preferred				
Alternate				
Alternate				

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 the state university or community college that I plan to attend.
- All other charges/fees are my responsibility.
- My ability to secure the courses I request depends on space availability during the drop/add period for the section.

_____ _____
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 (please print) _____

_____ _____ _____
Supervisor's Signature Title Date

Agency Head or designee (please print) _____

_____ _____
Agency Head or designee Signature Title

Phone Number _____ Date _____

HCC Office Use:
Initial Date of Registration for Courses Above: _____

Operator Signature:_____ Date: _____

11/18/2002, revised 1/19/06 kc