



Cashier's Office Tuition Assistance Application - DEPENDENT CHILD

Dependent children (defined as 24 years old or younger and for whom the employee is responsible for financial support) of full-time employees at Broward College may receive tuition assistance for in-state tuition fees up to a maximum of six (6) credit hours per term and a maximum of 18 credit hours per academic year, not to exceed a lifetime maximum of 80 credits. Per College Policy 6Hx2-3.12, all courses must be taken and completed for credit with a grade of "C" or better or the dependent child will be required to reimburse the College for the waiver. Waivers may only be used for second course attempts when a grade of C or better was earned on the first attempt.

Dependent child, employee and supervisor must complete the first three sections of this form.

Upon receipt, the Cashier's Office will apply in-state tuition fee coverage.

Employee Dependent:

Last Name First Name Middle Student I.D. Number

Under the provisions of Educational Benefits for Employees, I request permission to register during term _____ for the following courses:

CREDIT COURSES

Reference Number	Course Number	Credit Course Title CANNOT BE TAKEN FOR AUDIT	Credit Hours	Time and Days	Course Fee

I certify that I am a dependent child of a full-time employee at Broward College and that I will comply with the conditions of the Tuition Assistance Program. I understand that I may be billed for any fees that do not meet college policy conditions.

Student Signature _____ Date _____

Employee Certification: I certify that I am the parent/legal guardian of the above-named dependent child as defined above and that I am employed full time at Broward College.

Employee Name (print) _____ Employee I.D. # _____

Job Title _____ Dept. & Campus _____

Employee Signature _____ Date _____

Supervisor Certification: I am the supervisor of this employee, authorized to approve education requests. I verify that this employee is a full-time employee at Broward College.

Supervisor Signature _____ Date _____
(Confirms Full-Time Employment)

Supervisor Name (print) _____ Title _____

Cashier's Office:

Customer I. D. Contract Number Date Cashier's Name