



Cashier's Office Tuition Assistance Application - FACULTY and STAFF

Full-time employees 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 for BCC coursework. Non-credit fees may be waived up to a maximum equivalent to the dollar value of in-state tuition fees for six (6) credit hours per term and 18 credit hours per academic year. A combination of credit and non-credit classes may not exceed the monetary equivalent of six (6) credit hours of in-state tuition per term. Per College Policy 6Hx2-3.12, credit courses must be taken and completed for credit and may not be taken for audit. Additionally, waivers may not be used for third or subsequent course attempts.

Employee:

Last Name _____ First Name _____ Middle _____ Student I.D. Number _____
 Department _____ Campus _____ Job Title _____
 Please check one: I am **FACULTY** I am **STAFF**

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

NON CREDIT COURSES

Reference Number	Course Number	Non-Credit Course Title	Time and Days	Course Fee

I certify that I am a full-time employee at Broward Community 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.

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 Community College. I authorize (check appropriate box):

A Release time for skills improvement
 B Employee to make up time absent from his/her work station
 C Classes taken outside of normal working hours

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

Supervisor Name (print) _____ Title _____

Cashier's Office: Confirm faculty or staff status in "Employee" section and check one **FACULTY** **STAFF**

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