BROWARD COLLEGE

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 BC 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, all courses must be taken and completed for credit with a grade of "C" or better or the employee 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.

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 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 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 _____

DISTRIBUTION: White-Cashier's Office • Canary-Employee
AN EQUAL ACCESS/EQUAL OPPORTUNITY EMPLOYER

Form CASH-006 (Rev. 6/09)