BROWARD COLLEGE
www.broward.edu

Retired and Emeritus Benefits
Tuition Waiver

In accordance with policy Retired & Emeritus Standing 6Hx2-3.41, applicants with a retired or emeritus status may enroll in Continuing Education (non-credit) courses with a 50% fee waiver. Additionally, emeritus applicants may receive a 6 credit hour tuition waiver for credit courses (special fees will not be waived). Waivers are dependent upon availability of funds.

Instructions: **Allow sufficient time for form review and return**

- Applicants must forward a Tuition Waiver to Human Resources 30 business days PRIOR to the start of the class.
- Human Resources will review and return approved waivers to the applicant prior to the registration period detailed below.
- Applicant may then register for classes on a **SPACE AVAILABLE** basis - registration may only occur **on the business day PRIOR to the FIRST DAY of the class**. Complete the "Date Course Registered" column in the Applicant Information box. **NOTE:** Courses registered on dates other than the day prior to the first day of the class will be ineligible for waiver coverage.
- Forward the completed/approved tuition waiver to a campus Cashier's Office prior to the fee payment due date.

Applicant Information:

Last Name _____ First Name _____ Middle _____ Student I.D. Number _____

Street Address _____ City _____ State _____ Zip Code _____ Daytime Telephone _____

Please check one:

☐ I am **RETIRED** Minimum six (6) years of service at Broward College and at least 62 years old at the time of retirement.

☐ I am **EMERITUS** Minimum twenty (20) years of service at Broward College prior to retirement.

Under provisions of Retired and Emeritus Standing benefits, I request permission to register during term_____ for the following courses on a **SPACE AVAILABLE** basis only:

CREDIT COURSES
Emeritus only

	Reference Number	Course Number	Credit Course Title	Credit Hours	Date Course Begins	Date Course Registered	Course Fee
1							
2							
3							

NON CREDIT COURSES
Retired and Emeritus

	Reference Number	Course Number	Non-Credit Course Title	Date Course Begins	Date Course Registered	Course Fee
1						
2						
3						

I certify that I am retired/emeritus and that I will comply with the conditions of the Retired & Emeritus Benefits policy. I understand that I may be billed for any fees that do not meet the conditions of the policy and I may only register for the above class(es) on the business day prior to the first day of the class.

Signature _____ Date _____

Human Resources Verification:

☐ Applicant qualifies for **RETIRED** benefits (Continuing Education tuition waiver)

☐ Applicant qualifies for **EMERITUS** benefits (Continuing Education and 6 credit hours tuition waiver)

Approval _____ Date _____
Records Management

Approval _____ Date _____
Vice President Human Resources

Cashier's Office:

Confirm status in HR verification section above and check one: ☐ Retired ☐ Emeritus

Date of registration: 1_____ 2 _____ 3 _____

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

DISTRIBUTION: White-Cashier's Office ● Canary-Employee ● Pink-Human Resources