

# BROWARD<sup>SM</sup> COLLEGE

## CLASSROOM TEACHER TUITION AND FEE WAIVER

Florida College System institutions and state universities may waive up to six credit hours per term for teachers employed full-time by a school district, including public charter school teachers. Qualified students may only enroll in undergraduate courses in mathematics, science or special education. Eligibility for the waiver is on a space-available basis.

By completing this form you are requesting approval from your school district to participate in this program.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Name of School where you are a full-time Teacher \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone # \_\_\_\_\_

I am requesting a waiver for:                      Fall                      Winter                      Summer                      Year \_\_\_\_\_

Course ID	Name of Courses (Course Title)	# Credit Hours

I, the undersigned, acknowledge the following:

- My tuition and fee waiver will apply to no more than six credit hours per term.
- I must register for classes during the classroom teacher registration period prescribed by Broward College.
- All other charges/fees are my responsibility.
- My ability to secure the courses I request depends on space availability.

**NOTE:** Participating employees should be aware that Broward College may require you to provide your social security number to verify employment.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### School Authorization

I authorize the above named employee to participate in the Tuition and Fee Waiver for Classroom Teachers Program. I certify that this employee is a full-time classroom teacher.

\_\_\_\_\_  
Principal's Name (Print)

\_\_\_\_\_  
Signature

Phone# \_\_\_\_\_

Date \_\_\_\_\_

### BROWARD COLLEGE USE ONLY

Registration Office Verification  
Cashier's Office Processed

Yes    No    Initials  
Yes    No    Initials

Date  
Date