



COLLEGE of  
CENTRAL  
FLORIDA  
-an equal opportunity college-

**APPLICATION FOR EMPLOYEE  
and/or IMMEDIATE FAMILY MEMBER  
TUITION FEE WAIVER**

**Full-time employees** and their immediate family (spouse, children, step-children) are eligible for six credits of waived fees per semester, per person. Fee waivers (not to exceed an equivalent of six credits) are also applicable to noncredit classes.

**Retirees** and their spouses are eligible for three credits of waived fees per semester, per person. A retiree shall be anyone who was employed full time at the college who was vested in the state retirement system at the time they officially retired from the college. Fee waivers (not to exceed an equivalent of three credits) are also applicable to noncredit classes.

**Adjunct Faculty** teaching credit courses are eligible for three credits of waived fees each semester in which they are actually teaching a course. This waiver is for the employee only.

The full-time employee signing this application is **certifying** that the dependent listed below is his/her spouse, child or step-child. The retiree signing this application is **certifying** that the dependent listed below is his/her spouse.

**NOTE:** all courses must be passed with a C or better to avoid having to repay the waiver. Audit courses will not be covered by this fee waiver. **This fee waiver is for tuition only; it does not include lab fees.**

**Please attach your fee bill or schedule to this fee waiver application.**

**Check the semester and fill in the year that the fee waiver will be applied:**

Fall 20 \_\_\_\_                       Spring 20 \_\_\_\_                       Summer 20 \_\_\_\_

**Check the box that reflects the student to which the fee waiver will be applied:**

Employee             Dependent/Spouse             Retiree             Retiree's Spouse             Adjunct Faculty

**Student Name:** \_\_\_\_\_ **ID No.:** \_\_\_\_\_  
Last                                      First                                      Middle (complete)            Jr., etc.

**Employee/  
Retiree/  
Adjunct Name:** \_\_\_\_\_ **ID No.:** \_\_\_\_\_  
Last                                      First                                      Middle (complete)            Jr., etc.

**Employee's Department:** \_\_\_\_\_ **CF Extension:** \_\_\_\_\_

\_\_\_\_\_  
**Signature** of Employee/Adjunct Faculty /Retiree

**Submit COMPLETED form to the Financial Aid Office.**

\_\_\_\_\_  
Financial Aid Specialist II and Above                      Date Entered: MM/DD/YY                      \$ \_\_\_\_\_  
Amount Entered                      NTS/CF