



TUITION FEE WAIVER FORM FOR LAKE-SUMTER COMMUNITY COLLEGE EMPLOYEES

To be completed by L-SCC employee. Please **PRINT** all information **CLEARLY**.

\*Indicates information to be supplied by L-SSC employee.

\*Name \_\_\_\_\_ \*SSN \_\_\_\_\_

\*Employee Title \_\_\_\_\_

1. I am a full-time employee with L-SCC.
2. I have been employed by L-SCC a minimum of 6 (six) months.
3. I understand I must apply for admission to Saint Leo University and be accepted as a degree-seeking student.
4. I understand this waiver cannot be used to audit courses or to repeat a previously attempted course (including a course that I have dropped, failed, or in which I received a grade of "incomplete.")
5. I understand this waiver covers tuition, not application fees, textbooks or materials pertinent to the course.

I have read and affirm that the above 5 (five) conditions are true and do fully agree to abide by said conditions.

\*Signature \_\_\_\_\_ \*Date \_\_\_\_\_

Course Information

\*Course Number \_\_\_\_\_ \*Section # \_\_\_\_\_

\*Course Title \_\_\_\_\_ \*Meeting Days/Times \_\_\_\_\_

\*Instructor \_\_\_\_\_ \*Credit Hours \_\_\_\_\_

L-SCC Authorizing Signatures:

This certifies that the above employee meets the basic conditions for the requested fee waiver and has complied with all applicable regulations.

\*Employee's Immediate Supervisor \_\_\_\_\_ \*Date \_\_\_\_\_

\*Appropriate Chair/Dean/Director \_\_\_\_\_ \*Date \_\_\_\_\_

\*Human Resources \_\_\_\_\_ \*Date \_\_\_\_\_

Saint Leo University Authorizing Signatures:

Academic Advisor, Lake-Sumter Office \_\_\_\_\_ Date \_\_\_\_\_

Director, Ocala Center \_\_\_\_\_ Date \_\_\_\_\_

Date Submitted to Ocala Center \_\_\_\_\_ Date Submitted to Dr. Watkins \_\_\_\_\_

(Must be submitted to Dr. Watkins immediately after Add/Drop ends.)