**Employee Tuition Waiver:** North Florida College will waive NFC tuition for up to six (6) semester credit hours per term for full-time or part-time regular employees (does not include OPS, Adjuncts or employees on leave of absence) upon completion of six (6) months of employment with prior supervisory approval. Employees must maintain a grade of “C” or better in courses taken in order to receive a tuition waiver. If conditions as outlined above are not met, the College will seek repayment of tuition costs as set forth in procedures established by the NFC administration. No additional courses will be allowed until the employee has paid the outstanding debt. All grants and scholarships provided for the person attending the classes by other sources will be utilized prior to receiving the waiver from NFC. *Example: If a person receives a $300.00 scholarship to attend NFC, that scholarship will be used first to pay for tuition. Any part of the tuition (not including books or fees) that is not covered by the scholarship will be waived.*

**Tuition Waiver for Dependents:** North Florida College will waive tuition for dependents of full-time or part-time regular employees (does not include OPS, Adjuncts or employees on leave of absence) who have been employed by the College for six (6) months. Dependents must maintain a grade of “C” or better in courses taken in order to receive a tuition waiver. If conditions as outlined above are not met, the College will seek repayment of tuition costs as set forth in procedures established by the NFC administration. No additional courses will be allowed until the employee has paid the outstanding debt. For this purpose, the definition of a dependent is as follows: A spouse (not divorced or legally separated) or a child (natural, adopted, or by marriage under the age of 25 and not married) that is listed on the employee’s current income tax form.

**Community Education:** Community Education courses may also be taken by employees and their dependents (does not include OPS, Adjuncts or employees on a leave of absence) for 50% of the cost of the course (not including books or fees), upon completion of six (6) months of employment with prior supervisory approval, provided that the total cost of all such instruction (College Credit, Vocational Credit, and Community Ed.) taken does not exceed the cost (employees only) of six (6) semester credit hours of instruction in a given term.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Student: |  | | | | | | Term: | |  |  |  |  |
| Name of College Employee: |  | | | | | |  | |  |  |  |  |
| Relationship to Employee: |  | | Self |  | Spouse | | |  | Dependent Child under 25 | | | |
| Courses to be taken: |  | | | | | | | | *I verify that the dependent child listed above depends on me for over half of their support, and that they are listed on my most current income tax return as a dependent. A copy of the tax return is attached.* | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
| Total Cost of Courses (Matriculation fees only): | |  | | | | Signature: | | |  | | | |

I understand the policy listed above. I promise to pay North Florida College (Business Office) the amount of $\_\_\_\_\_\_\_\_\_\_ if I or my dependent receives a grade lower than a “C” (including incompletes or withdrawals after the drop/add deadline) or if I am no longer employed by the College during this term. Unless other arrangements are made with the Payroll Department in advance, the amount listed above will be equally divided and deducted from two future pay checks. If the checks will not cover the cost, I am obligated to immediately pay the owed amount and that any expense incurred by the College while enforcing collection of this amount will be borne by me and added to the total amount due. I understand and agree that participation in the tuition waiver program is a privilege granted by NFC. I acknowledge that my coursework and class schedule must not interfere with the normal performance of my job duties and responsibilities.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Employee’s Signature: |  | Date: |  |  | Costs charged to SPD funds or Department: | | |
| Supervisor’s Approval: |  | Date: |  |  | SPD: | $ | # |
| Employee Services: |  | Date: |  |  | DEPT | $ | # |