



Cashier's Office Tuition Assistance Application - DEPENDENT CHILD

Dependent children (defined as 24 years old or younger and for whom the employee is responsible for financial support) of full-time employees at Broward Community College may receive tuition assistance for in-state tuition fees up to a maximum of six (6) credit hours per term and a maximum of 18 credit hours per academic year, not to exceed a lifetime maximum of 80 credits. Per College Policy 6Hx2-3.12, all courses must be taken and completed for credit and may not be taken for audit. Additionally, waivers may not be used for third and subsequent course attempts.

Dependent child, employee and supervisor must complete the first three sections of this form.

Upon receipt, the Cashier's Office will apply in-state tuition fee coverage.

Employee Dependent:

Last Name First Name Middle Student I.D. Number

Under the provisions of Educational Benefits for Employees, I request permission to register during term _____ for the following courses:

Reference Number	Course Number	Credit Course Title CANNOT BE TAKEN FOR AUDIT	Credit Hours	Time and Days	Course Fee

I certify that I am a dependent child of a full-time employee at Broward Community College and that I will comply with the conditions of the Tuition Assistance Program. I understand that I may be billed for any fees that do not meet college policy conditions.

Student Signature _____ Date _____

Employee Certification: I certify that I am the parent/legal guardian of the above-named dependent child as defined above and that I am employed full time at BCC.

Employee Name (print) _____ Employee I.D. # _____

Job Title _____ Dept. & Campus _____

Employee Signature _____ Date _____

Supervisor Certification: I am the supervisor of this employee, authorized to approve education requests. I verify that this employee is a full-time employee at Broward Community College.

Supervisor Signature _____ Date _____
(Confirms Full-Time Employment)

Supervisor Name (print) _____ Title _____

Cashier's Office:

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