



## Cashier's Office Tuition Assistance Application - EMPLOYEE SPOUSE

Spouses 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 or subsequent course attempts.

Spouse, 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 Spouse:**

\_\_\_\_\_

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 <b>CANNOT BE TAKEN FOR AUDIT</b>	Credit Hours	Time and Days	Course Fee

I certify that I am the spouse 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 spouse of the above-named student 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