HILLSBOROUGH COMMUNITY COLLEGE
TUITION WAIVER REQUEST FORM

Name (Last, First, MI) ____________________________

Student ID# ____________________________

Address (Street, City, State, Zip) ____________________________

Telephone No. ____________________________

COURSE REGISTRATION INFORMATION

<table>
<thead>
<tr>
<th>Course #</th>
<th>Section #</th>
<th>Course Title</th>
<th>Credit/Clock hrs.</th>
<th>Time Schedule</th>
<th>Level</th>
</tr>
</thead>
</table>

Total Credit Hours Requested to be Waived: ____________________________

* Level: A: Audit CR: Credit PSAV: PSAV

EMPLOYEE

Name (Last, First, MI) ____________________________

Employee ID# ____________________________

Department ____________________________ Position ____________________________

Location ____________________________ Telephone Ext. ____________________________

FULL-TIME EMPLOYEE TUITION WAIVER

I certify that I have been a full-time employee of Hillsborough Community College for at least six months, and I have a cumulative 2.0 grade point average (GPA) or better at the time of registration. I understand that I must submit this form to the HCC Bursar Office no later than the last day of the Drop/Add Period. I understand the waiver does not cover out-of-state fees when registered for the same course more than twice.

Employee's Signature ____________________________ Date __________

TUITION WAIVER

[ ] Dependent [ ] Spouse [ ] Domestic Partner [ ] Domestic Partner's Dependent

I certify that I have been a full-time employee of Hillsborough Community College for at least six months and the student is my spouse, domestic partner, dependent or domestic partner's dependent. (Dependent must be younger than 24 years of age on the first day of class for the term.)

Employee's Signature ____________________________ Date __________

I certify that I have a cumulative 2.0 grade point average (GPA) or better at the time of registration. I understand that I must submit this form to the HCC Bursar Office no later than the last day of the Drop/Add Period. If applicable, a valid Domestic Partner Certification must be attached. I understand the waiver does not cover out-of-state fees when registered for the same course more than twice. I also understand that by signing this form I give HCC permission to release personal student data to the employee listed above.

Student's Signature ____________________________ Date __________

SENIOR CITIZEN TUITION WAIVER

I certify that I am at least sixty (60) years of age, a Florida resident, and am auditing the class(es) noted above. I understand this privilege is only applicable on a space-available basis and the registration period is from the first day of class through the end of the College's Drop/Add Period. I understand that the College may limit or deny this privilege for any academic program with selective admission criteria. I understand the waiver does not cover out-of-state fees when registered for the same course more than twice.

Student's Signature ____________________________ Date __________

The following is required:

GPA and credit hours validated by the Office of Admissions, Registration and Records (Print name) ____________________________ Date __________

Cumulative GPA ____________________________ Number of credit hours registered for this term ____________________________

I certify that the employee noted above has been a full-time employee of HCC for at least six months.

Supervisor's Printed Name and Signature ____________________________ Date __________