

VALENCIA COLLEGE

AUTHORIZATION FOR CLASSROOM TEACHER TUITION WAIVER

STUDENT NAME _____ VID _____

SCHOOL NAME _____

FLORIDA PUBLIC SCHOOL DISTRICT _____

Circle One: Orange Osceola Seminole Volusia Other (if Other, enter name above)

CIRCLE THE APPLICABLE TERM: FALL SPRING SUMMER YEAR _____

Course CRN Credit Hours Days/Time Course # and Title

Course CRN	Credit Hours	Days/Time	Course # and Title

I, the undersigned, acknowledge that I meet the following Classroom Teacher Waiver eligibility requirements as set forth in [Florida Statute 1009.26\(10\)](#). I understand that if I do not meet all of these requirements, I will be responsible for any tuition and fees previously covered under this waiver.

- Waiver may only be used by a classroom teacher as defined in [Florida Statute 1012.01\(2\)\(a\)](#) who is employed full-time by a school district and who meets the academic requirements established by Valencia College;
- Courses shall be limited to undergraduate courses related to special education, mathematics, or science as established in the [Course Prefix Listing Approved for the Teacher Waiver](#) approved by the Florida State Board of Education;
- Waiver of tuition and fees will only apply to the specific courses listed above and in no instance will cover more than 6 credit hours per term;
- Waiver shall not include such fees as application, private instruction, independent study or special/lab;
- Registration will be on a space-available basis only. You may register only after the dated listed in the Important Dates & Deadlines calendar in the online official catalog. (If you register for the course prior to the allowed registration period, you will not be eligible to use the waiver for the course, even if the course is dropped from your record);
- Waiver may not be used for courses scheduled during the school district's regular day.

STUDENT SIGNATURE _____ DATE _____

I authorize the above named employee to participate in the Classroom Teacher Waiver program. I certify that the above named employee is a full-time classroom teacher employed by the school district and courses listed above are not scheduled during the school district's regular day.

SUPERVISOR'S NAME (Please print) _____

SUPERVISOR'S SIGNATURE _____ DATE _____

TITLE/DEPARTMENT _____

Instruction: After you have registered, present this completed form to your campus Business Office.