

Florida Gulf Coast University Employee Tuition Voucher

TO BE COMPLETED BY THE EMPLOYEE: *(Please type or print)*

Employee Name _____ UIN # _____
(Last) (First) (Middle Initial)
 Work Phone # _____ Job Title _____ Department _____
 Other User Name (if spouse/dependent) _____ Relationship _____ UIN # _____

Student #1 Name _____ **Semester Enrolled:** Fall 20 ____ Spring 20 ____ Summer 20 ____

Name of Course(s): Include:					
Reference #	Course #	Course Title	Class Time	Grading Option	Credit Hours

I.

Student #2 Name: _____ **Semester Enrolled:** Fall 20 ____ Spring 20 ____ Summer 20 ____

Name of Course(s): Include:					
Reference #	Course #	Course Title	Class Time	Grading Option	Credit Hours

USE THIS CERTIFICATION WHEN ONLY THE EMPLOYEE IS TAKING COURSE

Eligibility:

- I certify that I am a full-time FGCU employee. I understand that I may not attend FGCU courses during my established work schedule unless my supervisor has approved an alternate work schedule or my use of appropriate leave. I also acknowledge that I am responsible for any federal tax liability incurred as a result of this voucher and that I am aware the use of the Tuition Voucher may impact any Student Financial Aid I may be receiving.

(Signature of Employee)

(Date)

The **SUPERVISOR CERTIFIES** this employee is a full time employee and any conflict with the employee's established work schedule has been approved.

(Supervisor's Signature)

(Date)

USE THIS CERTIFICATION WHEN THE BENEFIT IS BEING USED BY AN ELIGIBLE DEPENDENT, OR COMBINATION.

Eligibility:

- I certify that I am a full-time FGCU employee. I understand that I may not attend FGCU courses during my established work schedule unless my supervisor has approved an alternate work schedule or my use of appropriate leave. I acknowledge any person noted above as spouse/dependent meets the criteria set forth in this program and that I will produce any supporting documentation requested by FGCU. I also acknowledge that I am responsible for any federal tax liability incurred as a result of this voucher.

(Signature of Employee)

(Date)

The **SUPERVISOR CERTIFIES** this employee a full time employee and any conflict with the employee's established work schedule has been approved.

(Supervisor's Signature)

(Date)

Spouse/Dependent Child

I certify that I am the spouse or dependent child of the above Employee, that I am a duly admitted undergraduate degree seeking student, that I am aware the use of the Tuition Voucher may impact any Student Financial Aid I may be receiving, and I approve the release of pertinent information that may be needed for the administrative of this program to FGCU in accordance with FERPA regulations.

(Signature)

(Date)