



Due by the 4th day of the Semester by 5pm

EMPLOYEE INFORMATION GEMS/Employee ID #: Student U #: U

Name (Last, First): Email Address:

College/Department: Mail Point: Campus Phone:

COURSE REGISTRATION INFORMATION: Revisions from Original ETP form already submitted? Term: List course(s) for which you request approval.

Table with 6 columns: CRN #, Course #, Section #, Course Title, Credit Hours, Class Time

PLEASE READ CAREFULLY:

Subject to the policies of the University of South Florida, I request permission to register for the above described course(s), up to six credit hours, without payment of tuition.

I understand that I must submit this form to no later than the 4th day of the Semester by 5pm or I will not be able to qualify to use the employee tuition waiver for the term. Submit form as follows:

- Tampa: SVC 2172, email to benefits@usf.edu, or fax to 813-974-5227
St. Petersburg: BAY 206
Sarasota: SMC B116

I understand that enrollment in this course affords me no student privileges unless I otherwise meet the criteria for such privileges.

I understand that the USF Employee Tuition Program may or may not cover all of my tuition and fees and it is my responsibility to guarantee all tuition and fees are paid by the payment deadline for the term.

Tax Exemption for Employer Provided Assistance

Waiver of Undergraduate Tuition - The value of undergraduate tuition waived by USF on behalf of its employees is not taxable income pursuant to Internal Revenue Code Section 117.

Waiver of Graduate Tuition - USF has established a tuition benefit plan pursuant to Internal Revenue Code Section 127 that permits the exclusion of up to \$5,250 of graduate tuition and fees from an employee's taxable income each calendar year.

I acknowledge that any graduate-level tuition and fees above \$5,250 is taxable under Internal Revenue Code Section 127.

Employee's Signature: Date:

I certify that the information furnished above is accurate and the time used by the employee to attend the course(s) is in accordance with the USF policy and procedures. I also certify that I have registered for the courses above.

Supervisor's Signature: Print Supervisor's Name Date: