Kentucky Department of Education
TUITION WAIVER FORM
Locally-Operated Secondary Technology Center

Date_____ Social Security Number _____

Name_____
Last First Middle Initial

School _____ District _____

Amount of Waived Tuition $_____ Year_____ Semester (circle one) Spring Summer Fall

Course of Study (circle one) Graduate* Undergraduate
*Note: Graduate tuition is taxable; therefore, taxes will be payroll deducted at the end of each semester.

Course Name and Number and Section Number	Day(s) and Time	Credit Hours	College or University Attending

As a participant in the Faculty Development Program, as specified in KRS164.020, I give my permission for the college or university I attend to release the following information to my employer: the course(s) taken; classification of the course(s); and the specific amount of tuition waived. I understand that the above information is a reporting requirement of the program. I understand that waived tuition is subject to taxation and other charges that will be payroll deducted. I understand that I am limited to six (6) credit hours per semester from an institution or combination of institutions.

_____ Date _____ _____ Date_____
Employee Signature Employer Signature and Title

Instructions:

- Teacher complete, sign, and date form.
- Employer sign and date form.
- Enroll in course(s).
- Contact for additional information: Larry Helphinstine, Division for Career and Technical Education, 500 Mero Street, 21st Floor CPT, Frankfort, KY 40601; 502/564-3472 or Larry.Helphinstine@education.ky.gov

Kentucky UNBRIDLED SPIRIT

Equal Education and Employment Opportunities M/F/D