

Southeast Arkansas College  
Jefferson County Full-Time Correctional Officer  
Tuition Waiver Request

Completed form may be faxed to 870-850-3075 or emailed to [AdvisementCenter@seark.edu](mailto:AdvisementCenter@seark.edu)

Semester Exemption Requested: (Circle one ONLY)    Fall    Spring    Summer    20\_\_  
Student Name: \_\_\_\_\_ SEARK ID# \_\_\_\_\_  
Student Email: \_\_\_\_\_ Telephone# \_\_\_\_\_  
Institution where employed: \_\_\_\_\_ ID/Badge# \_\_\_\_\_  
Job Title: \_\_\_\_\_

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**Correctional Officer's Tuition Exemption Policy:**

Upon admission to SEARK College, all **Full-Time** officers of correctional institutions employed within Jefferson County may qualify for a tuition exemption of up to **ONE three (3) hour academic course (or three hours tuition amount towards a course with more hours)** at Southeast Arkansas College. Active **FULL-TIME** employment at the correctional institution on the first day of class determines eligibility for exemption.

Tuition exemption is based on the in-state tuition rate per credit hour. Required books and fees are not exemptible.

**The last day to apply for admission is the last day to apply for tuition exemption.**

A Request for Tuition Waiver Form and up-to-date transcript must be submitted to the SEARK Student Advocate Office, Student Services Building, Room 157, prior to registration each semester. The Tuition Exemption Request Form requires the Administrative Head of the Institution's Signature to confirm full-time employment. Students receiving the tuition exemption must maintain a 2.0 GPA to keep the tuition exemption. Students may appeal the individual loss of exemption (in person) to the Vice President of Student Services who may refer the appeal to the committee.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attach Current Transcript for Continuation of Exemption & Forward to SEARK'S Student Advocate's Office, Student Services Building, Room 157. Use WebAdvisor to print an unofficial transcript and attach to this completed form.**

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**Correctional Institution Administrators Signature:**

Note: Signature below verifies **FULL-TIME** employment with the institution listed above.

Administrator Signature: \_\_\_\_\_

Administrator's Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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