

Southeast Arkansas College
Jefferson County FULL-TIME School District Faculty & Staff
Three Hour Tuition Waiver Request

Completed form may be faxed to 870-850-3075 or emailed to AdvisementCenter@seark.edu

Semester Exemption Requested: (Circle one ONLY) **Fall** **Spring** **Summer**

Student Name: _____ SEARK ID# _____

Student Email: _____ Telephone# _____

School where employed: _____ ID/Badge# _____

Job Title: _____

Jefferson County School District Tuition Exemption Policy:

Upon admissions to SEARK College, all **FULL-TIME** public and private school district faculty and staff 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 South east Arkansas College.

Active **FULL-TIME** employment at the school on the first day of class determines eligibility for exemption.

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

The last day to apply for admissions is the last day to apply for tuition exemption.

A completed Request for Tuition Exemption form and up-to-date transcript must be submitted to the Student Advocate's Office, Student Services Building, Room 157, prior to registration each semester. The Tuition Exemption Request for requires the Administrative Head of the School or Institution's Signature to confirm full-time employment. Student 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.

School District Administrator's Signature:

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

Administrator Signature: _____

Printed name: _____

Date: _____ Email: _____ Phone: _____
