

**STATE OF ARKANSAS EMPLOYEE REQUEST
FOR EACC TUITION WAIVER**

TO BE COMPLETED BY EMPLOYEE

Employee's Name: _____ Social Security Number: _____

Address: _____

Telephone Number: _____ State Agency: _____

List only courses taken to earn college credit.

Term: _____ Year: _____ Total Hours: _____

TO BE COMPLETED BY EMPLOYER

Date: _____

I certify that _____ is a full-time employee of the State of Arkansas and is entitled to have fifty percent of the cost of tuition for classes taken for credit at East Arkansas Community College (EACC) waived for (him/her) as authorized by EACC Board Policy.

Print Name: _____

Signature: _____

Title: _____

ONLY COURSES TAKEN TO EARN COLLEGE CREDIT ARE ELIGIBLE FOR THIS TUITION WAIVER. Tuition charges for classes taken for "audit" (no credit) are the responsibility of the student.

Note: **This form must be signed by a representative from your State agency personnel office and forwarded to the EACC Financial Aid Office after completion. A request for tuition waiver must be submitted for each semester you are enrolled in classes.**

RELEASE OF STUDENT INFORMATION AUTHORIZATION FORM

(Act 605 of 2009)

A student who receives any form of state-supported student financial assistance, as defined by Act 605 of 2009, must sign this form indicating whether he/she authorizes the Department of Higher Education and/or EAST ARKANSAS COMMUNITY COLLEGE to release his/her individual personal information listed below to the Bureau of Legislative Research.

(If a student is under the age of eighteen years old and is not legally emancipated, a parent or legal guardian shall complete and sign the authorization form.)

For each student who authorizes the release of his/her individual personal information, the Bureau of Legislative Research will receive the following information:

1. A unique student identifier;
2. Status for Federal Pell grant;
3. Postsecondary grade point average;
4. Number of semester hours attempted;
5. Number of semester hours completed;
6. Gender, race, ethnicity, and age;
7. High school graduated from or General Educational Development test score;
8. High school grade point average; and
9. ACT score or ACT equivalent score, if available;
10. Academic progress information.

The Bureau of Legislative Research will collect this information for statistical analyses that will assist the Arkansas General Assembly in evaluating whether scholarships should be increased in number or amount, the need to change eligibility requirements, and the need for other changes to state-supported student financial assistance.

The Bureau of Legislative Research will not receive or release a student's name, social security number, or a student's or parent's income information.

A decision to authorize or not to authorize the release of this information to the Bureau of Legislative Research WILL NOT impact a student's eligibility for state-supported student financial assistance, including the lottery-funded scholarship known as the Academic Challenge Scholarship.

Please check one of the following indicating your authorization, or your decision not to authorize, the release of the individual personal information described above to the Bureau of Legislative Research.
ONLY ONE SIGNATURE IS REQUIRED BELOW.

I **authorize / do not authorize (CIRCLE ONE)** the Arkansas Department of Higher Education and/or EAST ARKANSAS COMMUNITY COLLEGE to release my individual personal information to the Bureau of Legislative Research.

Print Name

Last Four of Social Security Number

Signature of Student

Date Signed

Please retain this copy for your records:

1. Waiver applies to tuition only.
2. Classes must be taken for credit. Audited courses are not covered by this waiver.
3. Waivers are not automatically renewed and applicants must apply for each term with the exception of summer terms, which may be applied for as if they are one term.
4. Waiver recipients must maintain a 2.00 grade point average (GPA) or higher, or the GPA required by the recipient's degree program if the program GPA requirement is higher, in order to apply for the waiver.
5. If the recipient fails to meet GPA requirements for one-semester, he or she may be placed on warning for one (1) semester while receiving the waiver in order to provide him or her with the opportunity to achieve the required GPA.
6. If, after one warning semester, the recipient's GPA does not reach the required level, he or she may only apply for a waiver following the successful completion of the Academic Clemency process or after he or she achieves the required GPA.
7. Waiver recipients are responsible for any outstanding balances after the waiver is applied.
8. Failure to make timely payments or to make timely payment arrangements for outstanding balances may result in revocation of current and/or future waiver(s) or withdrawal from classes for the term.
9. This waiver may be stacked with other sources of external funding but only one tuition waiver per semester is allowed.