



## Surviving Dependent/Spouse Waiver Application

Name:  EMPLID:

Email:  Phone:

Term:  Year:

### Introduction

This waiver is for dependents of law enforcement officers, firefighters, or teachers or school administrators killed in the line of duty. This waiver covers an amount equal to the cost of tuition and matriculation and registration fees for a maximum of 120 credit hours of an undergraduate education or a postgraduate education (FL Statutes, Title X, Chapter 112.19(3)). The benefits provided to a child under this section shall continue until the child's 25th birthday. The benefits provided to a spouse under this subsection must commence within 5 years after the death occurs, and entitlement thereto shall continue until the 10th anniversary of that death. Supporting documentation is required to receive this waiver. **Please indicate the following:**

Relationship to deceased:  Child  Spouse

Occupation of deceased:  Law Enforcement/Correctional Officer  Firefighter  EMT  Teacher/School Administrator

### Instructions

Eligible students must submit the following as an email attachment to [ctl-waiver@fsu.edu](mailto:ctl-waiver@fsu.edu):

- This completed Surviving Dependent/Spouse Waiver Application
- Death certificate of the deceased, indicating that they were killed in the line of duty
- Documentation from appropriate agency/office, such as a Letter of Verification

**NOTE: You only need to submit these documents once, at the beginning of the first semester in which you intend to make use of the waiver. However, you should reach out to Student Business Services by email ([ctl-waiver@fsu.edu](mailto:ctl-waiver@fsu.edu)) to indicate that you would like to continue to use the waiver by the end of the first week of classes each semester.**

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- I have read and understand the above information.
- I understand that I must notify Student Business Services each semester in which I intend to use this waiver by the end of the first week of classes.
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By signing my name below, I hereby certify that all information contained on this application and in the additional documentation provided is true and accurate to the best of my knowledge.

Student Signature:  Date:

### For Student Business Services Use Only

- Surviving Dependent/Spouse Waiver Application  Approved
- Death certificate indicating deceased was killed in line of duty  Denied
- Additional supporting documentation