



FLORIDA INTERNATIONAL UNIVERSITY

**Juris Master Program
State of Florida Employee Scholarship
Employment Verification Form**

Applicant Information:

Full Name: _____

Employer: _____

Current Job Title/Position: _____

Phone Number: _____

E-mail Address: _____

Semester: ☐ **Fall** ☐ **Spring**

Course Number	Course Title	Credits Hours

By completing this form, I certify that I am a full-time, salaried employee at a Florida public institution of higher education, or a State of Florida employee otherwise eligible to receive the [State of Florida Tuition Waiver](#).

I understand that the State of Florida Employee Scholarship will be applied toward three (3) credits of the coursework in each of the Fall and Spring semesters for which I am enrolled, up to a total of six (6) credits. Only Juris Master courses beginning with JRM course numbers are eligible for coverage through this Scholarship.

Applicant Signature: _____ Date: _____

Employment Verification:

I hereby certify that the above-named applicant is a current, full-time, salaried employee with the above-named employer.

Full Name: _____

Employer: _____

Title: _____

Phone Number: _____

HR Representative's E-mail Address: _____

Employer Signature: _____

Date: _____

Form is to be completed for Fall and Spring terms before the payment deadline of each term. Email completed form to jurismaster@fiu.edu.

Florida International University | College of Law | Juris Master Program
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