



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

Table with 3 columns: Course Number, Course Title, Credits Hours. Contains 3 empty rows.

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](mailto:jurismaster@fiu.edu).*

Florida International University | College of Law | Juris Master Program  
Rafael Diaz-Balart Hall | 11200 SW 8th Street. Miami, FL 33199  
305-348-8006 | [jurismaster@fiu.edu](mailto:jurismaster@fiu.edu)