Tuition Waiver Request Form

Employee Name: _____ **Employee Personnel #**_____
Bargaining Unit (check one): □AFSCME □APSCUF □Coach □Manager □OPEIU □POA □SCUPA □SPFPA □SEIU □PDA
Employee Phone: _____ **Employee E-Mail:** _____

Student Name: _____**Student ID#:** _____ **Date of Birth:** _____

Relationship to Employee: ☐Legal Dependent ☐Self ☐Spouse ☐Domestic Partner (APSCUF, Coach, SCUPA)
Year: _____ **Semester:** Choose Semester **Number of credits scheduled:** _____

Academic Level: ☐ Undergraduate ☐ Graduate **Degree Seeking:** ☐ Yes ☐ No

Name of Employing University: Choose University

Name of Attending University: Choose University

Employee Verification: I certify that that the above-named student qualifies for a tuition waiver in accordance with the appropriate Collective Bargaining Agreement or Council of Trustees' Policy. I agree to provide the University with proof of relationship as may be required. I hereby certify that my spouse, child or domestic partner has met the eligibility requirement as outlined in the local policy and/or collective bargaining agreement. I understand that this waiver becomes null and void if my dependent loses eligibility prior to the start of the semester.

_____ _____
Employee Signature Date

AFSCME, SCUPA, SPFPA & POA can enroll in a maximum of six credit hours per semester.

Employees taking courses under the tuition waiver policy must complete this section. Courses must be taken during non-working hours or as defined in the applicable collective bargaining agreement or local policy.

Course Name	Number of Credit Hours	Time of Course Offering

_____ _____
Signature of Authorized Approver per Local Policy Date

HUMAN RESOURCES ONLY: Student is ____Eligible ____Not Eligible HR Agent Initials_____

☐ Approved. Tuition Waiver has been granted in the amount of _____%.

☐ Denied Reason: _____

_____ _____
Signature and Title of Human Resources Representative Date