

Academic Year: \_\_\_\_\_

Semester: \_\_\_\_\_



## Tuition Waiver Request Form

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Bargaining Unit (check one): ☐ AFSCME ☐ OPEIU ☐ APSCUF ☐ Coach ☐ POA ☐ SCUPA ☐ SPFPA ☐ Manager

Employment Status: ☐ Full-time ☐ Regular ☐ Part-time

(Check all that apply): ☐ Temporary ☐ Retired: Age at date of retirement: \_\_\_\_\_

Workload Percentage (Temporary APSCUF Only): \_\_\_\_\_% Years of PASSHE service: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Employee: ☐ Spouse ☐ Son ☐ Daughter ☐ Employee/Self  
☐ Stepson ☐ Stepdaughter ☐ Other \_\_\_\_\_

Admissions Status: ☐ Degree seeking Academic Level: ☐ Undergraduate  
(Spouse/Child only) ☐ Graduate

Name of Employing University: \_\_\_\_\_

Name of Attending University: \_\_\_\_\_

**Employee Verification:** I hereby certify 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 or child have not earned a baccalaureate degree previously at any school. If my spouse or child has a baccalaureate degree, these courses are required beyond baccalaureate for teacher certification. I understand that this waiver becomes null and void if my child turns 25 years of age prior to the start of the semester.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**AFSCME, SCUPA, SPFPA & POA** employees taking courses themselves under the tuition waiver policy must complete this section. A maximum of six credit hours per semester are allowed. Courses must be taken during non-working hours.

Course Name	# of Credit Hours	Time of Course Offering

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

### OFFICIAL USE ONLY

#### HUMAN RESOURCES:

☐ Approved A tuition waiver has been granted in the amount of \_\_\_\_\_%. Tuition: \_\_\_\_\_ Tech Fee: \_\_\_\_\_  
☐ Denied Reason: \_\_\_\_\_

Signature & Title of HR Representative \_\_\_\_\_ Date \_\_\_\_\_

If approved, forward to STUDENT ACCOUNTS: \_\_\_\_\_  
Date Received \_\_\_\_\_ Date Posted \_\_\_\_\_