

Academic Year:
Semester:



Tuition Waiver Request Form

Employee Name: _____ Employee ID: _____

Bargaining Unit (check one): AFSCME 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 Non-degree seeking Seeking teacher certification
(Spouse/Child only) Academic Level: Undergraduate 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