

**TUITION WAIVER APPLICATION – APSCUF/OPEIU HEALTHCARE/ MANAGEMENT**

Complete a separate form for each person who will be taking courses. **Employee should complete only Section A if the waiver is requested for spouse or child. Employee should complete both Sections A and B, as applicable, if the waiver is requested for him/herself.** After completing the applicable sections(s), this form should be returned to the Human Resources Office, 205 Old Main, for further processing.

A. I am applying for the tuition waiver for the \_\_\_\_ semester of 20 \_\_ for ( ) myself, ( ) my spouse, ( ) my child – age of child \_\_\_\_, birthdate of child \_\_\_\_\_.

\_\_\_\_\_ (Print the name and SRU ID# of person taking courses.)

Bargaining Unit of Employee:  APSCUF/Coaches  OPEIU Healthcare  Management

If you are applying for a child, please check off one of the statements below.

\_\_\_ My dependent, named above, was claimed as an exemption on my recent Federal Income Tax Return.  
\_\_\_ My dependent, named above, was not claimed as an exemption on my recent Federal Income Tax Return.

If not claimed, please explain: \_\_\_\_\_

My spouse or child, named above, has earned the degree(s) checked below:

\_\_\_ Has not earned a college degree  
\_\_\_ Associate’s Degree from \_\_\_\_\_  
\_\_\_ Bachelor’s Degree from \_\_\_\_\_  
\_\_\_ Master’s Degree from \_\_\_\_\_

Courses to be taken are ( ) graduate ( ) undergraduate level courses.

I certify that I have read the attached tuition waiver information. I also certify that I am eligible to apply for this waiver and that I am currently a full-time employee in compensable status.

Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_ Personnel Number: \_\_\_\_\_

**B. To be completed by employee, if applicable:**

I am requesting the tuition waiver for the following course(s):

Course Title	# of Credits	When Class Meets
_____	_____	_____
_____	_____	_____

**OPEIU Healthcare and management employees must complete the following:**

The following arrangements have been made in order to make up any lost work time as a result of attending classes. I understand that, in order to take a second course that meets during my work hours, I must bear the costs of the course myself and must have my supervisor’s approval to use available, accumulated annual or personal leave for the duration of the course.

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

As supervisor, I understand that this employee will be taking the class(es) listed above and is doing so in accordance with Section III, CONDITIONS, of the attached guidelines.

Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_ Dean/Director: \_\_\_\_\_

Date: \_\_\_\_\_ Vice President: \_\_\_\_\_ Date: \_\_\_\_\_ President: \_\_\_\_\_

C. This section to be completed by the retiree (applicable only to faculty/coaches and management):

I am applying for the tuition waiver for the \_\_\_\_\_ semester of 20 \_\_\_\_\_ for my child – age of child \_\_\_\_\_, birthdate of child \_\_\_\_\_.

\_\_\_\_\_  
(Print the name and SRU ID# of the child)

I certify that I have read the applicable information and that I am eligible to apply for this waiver.

Retiree Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Years of PASSHE Service: \_\_\_\_\_

Date of Retirement: \_\_\_\_\_ Age at Retirement: \_\_\_\_\_



D. In accordance with the applicable tuition waiver program, I certify that this student is eligible for the tuition waiver.

Date: \_\_\_\_\_ Human Resource Officer: \_\_\_\_\_

Leave Balance: \_\_\_\_\_ as of \_\_\_\_\_.  
(Hours) (Date)

E. I certify the student meets criteria for the tuition waiver.

Date: \_\_\_\_\_ Executive Director of Academic Records/Summer School: \_\_\_\_\_



**PROCESS:**

1. Obtain form from the Human Resources Office, Room 205 Old Main.
2. Read Employee Basic Tuition Fee Waiver Guidelines.
3. Complete form and sign it.
4. Secure signatures from the Human Resources Office, Room 205 Old Main.
5. Present completed form at the time of registration to the Office of Academic Records and Summer School, Room 107 Old Main.
6. The completed form will be forwarded to the office of Student Accounts, Room 104 Old Main.
7. If university housing is desired, the student must apply to the Residence Life Office in Rhoads Hall.
8. All tuition fee waiver recipients must be admitted through normal admission procedures:
  - A. Undergraduate or Special Student – Office of Admissions
  - B. Graduate Student – Graduate Office