

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: _____

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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: _____

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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