

TUITION WAIVER APPLICATION
AFSCME/SPFPA/SCUPA

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 if the waiver is requested for him/herself.** After completing the applicable section(s), this form should be returned to the Human Resources Office, Room 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 the person taking courses.)

Bargaining Unit of Employee: AFSCME SPFPA SCUPA

Has your spouse or child attained an undergraduate (baccalaureate) degree from any institution? Yes__ No __

I certify that I have read the AFSCME/SPFPA/SCUPA Tuition Waiver Guidelines. I also certify that I am eligible to apply for this waiver and that I am currently a permanent full-time employee in compensable status.

Date: _____ Employee Signature: _____

Personnel Number: _____

To be completed by employee, if applicable:

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

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

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 leave for the duration of the second course.

Date: _____ Employee Signature: _____

As supervisor, I understand that this employee will be taking the class(es) listed above and I am in agreement with the arrangements to make up lost work time as indicated above. If a second course that meets during work hours is being requested, I certify that this employee has my approval to use available, accumulated leave and that such activity will have no detrimental effect on the operation of the work area.

Date: _____ Supervisor: _____

Date: _____ Dean/Director: _____

Date: _____ Vice President: _____

Date: _____ President: _____

C. This section to be completed by the retiree, if applicable:

I am applying for the tuition waiver for the ____ semester of 20__ for my child – age of child _____.

(Print the name and SRU ID# of the child.)

I certify that I have read the applicable section of the guidelines 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 Resources Officer: _____

Leave Balance: _____ as of _____.
(Hours) (Date)

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

Number of SRU credits to date: _____ Status: _____

Date: _____ Executive Director of Academic Records/Summer School: _____

F. The university reserves the right to require the employee to provide such information and documentation to verify eligibility for this tuition waiver program.