

Tuition Waiver Request Form

Employee Name: _____ **Employee Personnel #** _____
Bargaining Unit (check one): AFSCME APSCUF Coach Manager OPEIU POA SCUPA SPFPA SEIU PDA
Employee Phone: _____ **Employee E-Mail:** _____

Student Name: _____ **Student ID#:** _____ **Date of Birth:** _____

Relationship to Employee: Legal Dependent Self Spouse Domestic Partner (APSCUF, Coach, SCUPA)
Year: _____ **Semester:** _____ **Number of credits scheduled:** _____

Academic Level: Undergraduate Graduate **Degree Seeking:** Yes No

Name of Employing University: _____

Name of Attending University: _____

Employee Verification: I certify that 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, child or domestic partner has met the eligibility requirement as outlined in the local policy and/or collective bargaining agreement. I understand that this waiver becomes null and void if my dependent loses eligibility prior to the start of the semester.

 Employee Signature Date

AFSCME, SCUPA, SPFPA & POA can enroll in a maximum of six credit hours per semester.

Employees taking courses under the tuition waiver policy must complete this section. Courses must be taken during non-working hours or as defined in the applicable collective bargaining agreement or local policy.

Course Name	Number of Credit Hours	Time of Course Offering

 Signature of Authorized Approver per Local Policy Date

HUMAN RESOURCES ONLY: Student is ___ Eligible ___ Not Eligible
 Employee Status: ___ Regular ___ Temporary FTE: _____% HR Agent Initials _____

Approved. Tuition Waiver has been granted in the amount of _____%.

Denied Reason: _____

 Signature and Title of Human Resources Representative Date