

California University of Pennsylvania
Tuition Waiver Application Form
 (Please print in ink only.)

HUMAN RESOURCES OFFICE USE ONLY. DO NOT WRITE IN THIS SPACE.

EXEMPTION CODE: 4 5 6 7 20

Approved: _____ Date: _____ Date Sent to Bursar _____

EMPLOYEE'S EMPLOYMENT STATUS: (Check the bargaining unit/classification that describes the employee requesting this benefit.)

APSCUF Employee AFSCME Employee Manager SCUPA Employee SPFPA Employee OPEIU Employee
 Coach Foundation Employee SAI Employee Campus Ministry Annuitant (Retirement Year _____)

EMPLOYEE'S IDENTIFICATION INFORMATION: (All blanks in this section must be filled in.)

Employee's Name: (last) _____ (first) _____ (m.i.) _____ Campus Box: _____
 Employee's Personnel Number: _____ Employee employed since (month/year) _____ Cost Center: _

STUDENT INFORMATION SECTION: (ALL Blanks in this section **must** be filled in and all questions answered.)

Student's Name: (last) _____ (first) _____ (m.i.) _____
 Mailing Address: (Street, Box No.) _____ City: _____ ST: _____ Zip: _____
 Campus-Wide ID Number: _____ Phone (____) _____ - _____ Date of Birth: _____
 Date of High School Graduation: _____ Is this the initial request for tuition waiver? YES NO
 Does the student have a bachelor's degree from this university or any other college/university? YES NO
 How many credits has the student completed at the end of the most recent semester attended? _____
 The status of the student is: Full Time Part Time
 The program level of the student is: Bachelors Masters ** Doctorate ** (Must meet eligibility) (**May be subject to tax)
 Please indicate **semester & year** for which this waiver is submitted: SPRING SUMMER FALL WINTER
 (a separate form must be completed for each semester) _____ YEAR
 How many credit hours is the student scheduling for this semester? _____

STUDENT STATUS (check the response that applies): DEGREE SEEKING NON-DEGREE SEEKING

The student is an eligible **EMPLOYEE**. (For all employees except those covered by the APSCUF CBA: An Employee Class Schedule Form must be attached to this application, and the employee's supervisor must sign the schedule form. If the scheduled class times conflict with normal work hours the Area Vice President must also sign.)
 The student is an eligible **DEPENDENT** of the employee (as defined by the respective collective bargaining agreement/university policy).
 The student is the **SPOUSE** of an eligible employee.
 The student is an eligible **DOMESTIC PARTNER** of the employee (as defined by the respective collective bargaining agreement/PASSHE policy).

CLAIM OF ELIGIBILITY FOR TUITION WAIVER

(Please note: **ALL** signatures are required)

I/We certify that the student requesting tuition waiver meets requirements established by the Council of Trustees at California University of Pennsylvania.

Signature of STUDENT: _____ Date: _____
 Signature of EMPLOYEE: _____ Date: _____
 Signature of SUPERVISOR: _____ Date: _____
 Signature of VICE PRESIDENT (Required for Doctorate): _____ Date: _____
 Signature of PRESIDENT (Required for Doctorate): _____ Date: _____

THIS FORM MUST BE COMPLETED: ALL BLANKS FILLED IN, ALL QUESTIONS ANSWERED, AND RECEIVED BY THE HUMAN RESOURCES OFFICE THIRTY DAYS PRIOR TO RESIDUAL (LATE) REGISTRATION FOR THE APPLICABLE SEMESTER. LATE APPLICATION PENALTY IS \$15.00, PAYABLE TO "CALIFORNIA UNIVERSITY OF PENNSYLVANIA" AND PAID AT THE STUDENT ACCOUNTS' OFFICE. APPLICATIONS WILL BE ACCEPTED UP TO ONE YEAR IN ADVANCE. QUESTIONS SHOULD BE DIRECTED TO THE OFFICE OF HUMAN RESOURCES, EXTENSION 4427.
 Updated: 10/23/2018