



**APPLICATION FOR TUITION WAIVER BENEFIT
TO ATTEND PA STATE SYSTEM UNIVERSITIES OTHER THAN
EDINBORO UNIVERSITY**



Management and APSCUF Covered Employees

Part I - To Be Completed by Management or APSCUF Employee/Annuitant (Please Print)

Name of: Employee _____

Annuitant _____

Social Security Number: _____

Bargaining Unit: _____

Name of Student: _____

Social Security Number: _____

Date of Birth: _____

Relationship of Student to Employee/Annuitant: _____

Name of University Attending: _____

Semester (Fall, Spring or Summer)/4 Digit Year: _____ / _____

Percentage of Tuition Waiver: 100% OR _____

Employee/Annuitant Verification: I hereby certify that the above-named student, if not myself, qualifies as my child or spouse in accordance with, and meets the qualifications as defined by, the Board of Governor's Policy. I agree to provide proof of relationship and age as may be required. I understand it is my responsibility to meet the deadlines for tuition payment at the university attended by the student.

Employee/Annuitant Signature

Date

(Guardian or Beneficiary may provide verification of relationship in the Event of Employee's/Annuitant's Death)

FORWARD TO EDINBORO UNIVERSITY (EUP) HUMAN RESOURCES OFFICE

Part II – To be completed by EUP Human Resources Office

The employee's/annuitant's eligibility and student's qualifications for the tuition waiver has been reviewed, and I hereby certify that the information submitted is true and accurate to the best of my knowledge.

Manager of Employee Benefits

Date

c: Accounting Department (EUP)
Human Resources Office (EUP)

Part III – To Be Completed by Management or APSCUF Employee/Annuitant

Forward to the BUSINESS OFFICE at the PASSHE university attended by the above-named student