

**STATE SYSTEM OF HIGHER EDUCATION FACULTY
APPLICATION FOR TUITION WAIVER BENEFIT
FOR OTHER PASSHE INSTITUTION**

To Be Completed by Faculty Member (Please Print)

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Name of Employee
 Annuitant _____

Personnel Number: _____ Bargaining Unit: _____

Name of Employing University: _____

Name of Student: _____ Date of Birth: _____

Relationship of Student to Employee/Annuitant: _____

Name of Attending University: _____

Semester/Year: _____ / _____ Percentage of Waiver: _____ 50% _____ 100%

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Employee/Annuitant Verification: I hereby certify that the above-named student qualifies as my child in accordance with, and meets the qualifications as defined by the APSCUF collective bargaining agreement. I agree to provide to the university 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)
*****Return to Employing University's Human Resources Department*****

UNIVERSITY USE ONLY

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

Signature and Title _____
Date
c: Business Office at University Attended by Student
Slippery Rock University Accounts Payable Office