

**STATE SYSTEM OF HIGHER EDUCATION FACULTY
APPLICATION FOR TUITION WAIVER BENEFIT
(OTHER PASSHE SCHOOLS)**

To Be Completed by Faculty Member (Please Print)

Name of: Faculty Member
 Annuitant Faculty Member

Perner Number: _____

Bargaining Unit: _____

Name of Employing University: _____

Name of Student: _____

Social Security No: _____

Date of Birth: _____

Relationship of Student to Employee/Annuitant: _____

Name of Attending University: _____

Semester/Year: _____ / _____

Employee/Annuitant Verification: I understand it is my responsibility to meet the deadlines for tuition payment at the University attended by the student. If waiver is for a dependent child or spouse I hereby certify that the above-named student qualifies as my child or spouse in accordance with and meets 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.

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

Percentage of Tuition Waiver: _____ 50% (Child Only) 100% _____ (Faculty Only)

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

FORWARD TO BUSINESS OFFICE at university attended by student.
BUSINESS OFFICE must forward copies to other appropriate offices at attending university.