

**STATE SYSTEM OF HIGHER EDUCATION MANAGEMENT  
APPLICATION FOR TUITION WAIVER BENEFIT  
(Other PASSHE Schools)**

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To Be Completed by Management Employee or Annuitant (Please Print)

Name of:      Employee  
               Annuitant     \_\_\_\_\_

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: \_\_\_\_\_ / \_\_\_\_\_

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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 Board of Governor's Policy. 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% (Children Only) \_\_\_\_\_ 100% (President/Children of President 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.