



EMPLOYEE

Application for Tuition Waiver for Full-Time Employees

Employee Name: _____

AMVA ☐ **PA** ☐ **UPSEU** ☐ **EXEMPT** ☐

Social Security # or M#: _____

Title: _____ **Dept.:** _____

Semester of Attendance (Term & Year): _____

Number of Credit/Remedial Hours Scheduled in Above Semester: _____

(Employees are entitled to tuition waiver for state-aidable courses of up to 6 credit or equivalent hours per semester and a cumulative maximum of 6 hours during the summer.)

Submit this form to the Business Office along with payment for any fees.

Employee's Signature Date

Approval of Supervisor and appropriate Executive Committee member necessary if an employee is taking courses during normal working hours.

Supervisor's Signature Date

Cabinet Member's Signature Date