



### Application for Dependent Tuition Waiver

**SECTION I: To be completed in its entirety by student and/or employee after verifying eligibility. Questions relating to eligibility should be directed to the Benefits staff in the Human Resources Department.**

Please Note:

- Tuition Waiver forms will not be approved more than eight (8) weeks before the start of the semester for which the waiver is requested.
- **A separate form must be submitted for each semester. Forms requesting multiple semester waivers will not be processed.**
- Applications filed after the completion date of the course(s) will not be considered.
- Tuition waiver for children of eligible employees shall be applicable until the children obtain the first undergraduate degree or until the children reach the age of twenty-five (25), whichever occurs first.

**Student's Name:** \_\_\_\_\_

**Student ID #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Semester: (PLEASE ONLY CHECK ONE – IF MORE THAN ONE BOX IS CHECKED, ONLY THE CLOSEST SEMESTER WILL BE PROCESSED)**

<input type="checkbox"/>	Fall 20__	<input type="checkbox"/>	Winter 20__	<input type="checkbox"/>	Spring 20__	<input type="checkbox"/>	Summer 20__
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**Relationship to the ESU employee:**

Relationship \_\_\_\_\_

Age at beginning of semester (for children of employees only): \_\_\_\_\_

Already have undergraduate degree from ESU or other university/college: Yes \_\_\_\_\_ No \_\_\_\_\_

Have accumulated 128 or more credits from ESU: Yes \_\_\_\_\_ No \_\_\_\_\_

Course Level to be taken: Undergraduate \_\_\_\_\_

Employee's Name: \_\_\_\_\_ Personnel #: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Status: Active \_\_\_\_\_ Retiree \_\_\_\_\_

**Check One: (To be completed by employee):**

**(Note: AFSCME & SPFPA employees must have or will complete their six-month probationary period by the last day of drop/add period.)**

- AFSCME (See Note Above)  APSCUF  Management  Non-Faculty Athletic Coach  
 SPFPA (See Note Above)  POA  SCUPA

***I certify that all of the information listed above is accurate and I understand that it may be subject to audit. Failure to provide complete and accurate information may result in denial of the benefit and/or disciplinary action.***

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION II (To be completed by Human Resources Representative)**

Approving Signature: \_\_\_\_\_ Date Entered: \_\_\_\_\_