

**Indiana University of Pennsylvania
Tuition Waiver Application Form**

Note: Please either **type** or **print** using blue or black ink.

You should complete this application only if courses are to be taken at IUP. (If courses are to be taken at another PASSHE university, you must complete a PASSHE tuition waiver form available in the Benefits Office.)

Student Information

Student's Name (last) _____ (first) _____ (m.i.) _____

Banner Identification number @ _____

Student Status

This application for tuition waiver is for the following semester/session: (check one)

_____ Fall _____ Spring _____ Summer _____ Other (explain below)

Academic year: 20 _____ - _____

Number of credit hours to be waived this semester/session _____

Number of credit hours waived to date _____ (If unknown, please leave blank.)

Do any of these credits represent individual instruction or independent study courses? Y _____ N _____
(credits) (credits)

If the student is a spouse or dependent child:

Does this student have a bachelor's degree from IUP or any other college/university?

Yes _____ No _____

If "yes" when was the degree awarded? (month/year) _____

If the student is a dependent child: Date of birth _____ Age _____

If the child is over age 25, is s/he a dependent for IRS purposes? Yes _____ No _____

Bargaining unit/classification/affiliation (check one):

	AFSCME	APSCUF	MANAGEMENT	SCUPA	(Circle one of the following) Coach PNA Military Science PDA PASHMP SPFPA (UPGWA) PSSU CO-OP
Child	(16) _____	(15) _____	(17) _____	(18) _____	(19) _____
Employee	(22) _____	(23) _____	(25) _____	(26) _____	(27) _____
Spouse	(28) _____	(29) _____	(30) _____	(40) _____	() _____
Domestic/Partner	N/A	(66) _____	(68) _____	N/A	
Child of Domestic Partner	N/A	(67) _____	(69) _____		

Employee Information

Employee's Name (last) _____ (first) _____ (m.i.) _____

SAP Employee Number _____ Banner Identification Number @ _____

Indicate if: Active _____ Retired _____ Deceased _____

Date of hire (month/year) _____ Campus phone _____ Campus e-mail _____

Employment status (check one): _____ Full-time _____ Part-time

If part-time, give the percentage that you are employed at IUP (e.g., 50%) _____

Note: If the student and employee are one in the same, and the class times conflict with normal work hours, an employee's class schedule must be attached to this application, and both the employee's supervisor and the divisional Vice President or Dean must indicate approval by signing the schedule.

Claim of Eligibility for Tuition Waiver

I certify that the information on this application is correct and that the employee requesting this tuition waiver understands and meets the tuition waiver requirements established by Indiana University of Pennsylvania and the Board of Governors of the State System of Higher Education and respective collective bargaining agreement.

Signature of Employee _____ Date _____

Military Science Employees

If the employee requesting this waiver is employed by the Department of Military Science, employment status must be verified below:

I verify that the individual requesting this waiver is an employee of the IUP Department of Military Science and has the following status (check one):

_____ Commissioned Officer

_____ Non-commissioned Officer, enlisted personnel, or civilian employee

Name of Supervisor (please print) _____

Signature of Supervisor _____

This form should be completed in full and submitted by the billing due date to:
Office of the Bursar, Clark Hall

Incomplete forms will be returned to employee

Human Resources Office use ONLY. Do Not Write in this Space.

_____ Waiver awarded Initials _____ Date _____

_____ Waiver denied Initials _____ Date _____

_____ Total number of credits waived to date (Required for AFSCME , SCUPA, and SPFPA Employees and AFSCME and SPFPA dependent children)

_____ Employee notified of denial Initials _____ Date _____

Reason(s) for denial:

Human Resource information only:

Forward AFSCME applications to the Provost's Office, 205 Sutton
Forward all other applications to the Office of the Bursar, Clark Hall