STATE SYSTEM OF HIGHER EDUCATION MANAGEMENT
APPLICATION FOR TUITION WAIVER BENEFIT

To Be Completed by Employee or Annuitant (Please Print)
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Name of: ☐ Employee

☐ Annuitant _____

Social Security Number: _____ Bargaining Unit: _____

Name of Employing University: _____

Name of Student: _____

Social Security Number: _____ Date of Birth: _____

Relationship of Student to Employee/Annuitant: _____

Name of Attending University: _____

Semester/Year: _____ / _____

Percentage of Tuition Waiver: 50% ____ 100% ____ (applies to Office of the Chancellor Staff and Presidents only)

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Employee/Annuitant Verification: I hereby certify that the above-named student qualifies as my child or spouse (for Office of the Chancellor staff and Presidents only) in accordance with, and meets the 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. I understand it is my responsibility to meet the deadlines for tuition payment at the university attended by the student.

_____ _____

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**********

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UNIVERSITY USE ONLY

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HUMAN RESOURCES DEPARTMENT at employing university: The employee's/annuitant's eligibility and student's qualifications for the tuition waiver have been reviewed, and hereby certify that the information submitted is true and accurate to the best of my knowledge.

_____ _____

Signature & Title Date

FORWARD TO BUSINESS OFFICE at university attended by student._____

BUSINESS OFFICE must forward copies to other appropriate offices at attending university._____