



Cheyney University Application for Tuition Fee Waiver

SECTION I (To be completed in its entirety by student and/or employee after verifying eligibility. Questions relating to eligibility or dependents should be directed to the Benefits staff in the HR Department.)

Please Note:

- Waiver 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.
- Application for waiver filed after the completion date of the course(s) will not be considered.

Student's Name: _____ PASSHE University where enrolled _____

Student ID #: _____ Date of Birth: _____ Relationship of Student to the CU Employee _____

Semester: (**** Only APSCUF(Coaches, Faculty) and SCUPA members, not dependents, can take graduate courses****)

Fall	Spring	Summer 1	List up to 2 courses & schedule: (Grad/Undergrad)
Fall 1	Spring 1	Summer 2	1.
Fall 2	Spring 2	Winter	2.

Student's age at **beginning** of semester (for dependent children only):

Does the student already have an undergraduate degree: Yes ___ No ___

Has the student accumulated 128 or more credits from CU: Yes ___ No ___

Employee's Name: _____ Personnel #: _____

Telephone Number: _____ Status: Active ___ Retiree ___

Comments:

Check One (*AFSCME & *SPFPA employees must have or will complete probation by the last day of drop/add period)

<input type="checkbox"/>	*AFSCME (6 month probation)	<input type="checkbox"/>	APSCUF (Faculty)	<input type="checkbox"/>	Management	<input type="checkbox"/>	
<input type="checkbox"/>	*SPFPA (12 month probation)	<input type="checkbox"/>	Non-faculty Athletic Coach	<input type="checkbox"/>	SCUPA	<input type="checkbox"/>	

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. I hereby certify that the above named student qualifies for a tuition waiver in accordance with the appropriate Collective Bargaining Agreement. I agree to provide the University with proof of relationship as may be required. "Space Available": Applicable to AFSCME; SCUPA and SPFPA union. Excludes Individualized Instruction; Independent Study; and courses where compensation is governed by the continuing education agreement.

Student's Signature: _____ Date: _____

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

SECTION II (To be completed by Human Resources Representative)

Approving Signature: _____ Date: _____

Sent to Bursar: _____

SECTION III (To be completed by Bursar Office Representative)

Approving Signature: _____ Date: _____

Date Posted: _____