

Cheyney University of Pennsylvania

Policies and Procedures

Policy No: 2002-2003 – 02 – HR

Subject: Tuition Waiver Procedures (Non-faculty)

Section: Human Resources

I. Introduction:

State System of Higher Education employees (non-faculty) are eligible for total waiver of tuition at the university where employed. The employee must meet all of the following criteria: permanent, full-time, passed initial probationary period, active pay status. The waiver shall be applicable for undergraduate courses not to exceed 128 undergraduate credits and shall be on a “space available” basis as certified by the appropriate management authority. The total number of undergraduate credits that may be taken is limited to a maximum of 6 credits per semester (summer is considered one semester) and must be taken during non-working hours (non-working hours include break and lunch periods). A new form must be completed for each semester that the employee wishes to obtain a waiver of tuition. The tuition waiver form must be completed in a timely manner prior to the first day of the semester, and no employee will be granted a waiver of tuition without prior approval to attend class.

Children of employees are eligible for a total waiver of tuition at the university where employed. A “child” is a person who is listed as a dependent under the employee’s benefits plan. The waiver 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, and shall be on a “space available” basis as certified by the appropriate management authority.

Spouses of employees are eligible for a total waiver of tuition at the university where employed. A “spouse” is a person who is listed as a dependent under the employee’s benefits plan. The waiver shall be applicable to the employee’s spouse until the spouse obtains his/her first undergraduate degree and shall be on a “space available” basis as certified by the appropriate management authority.

The spouse/dependent child tuition waiver form is effective for the academic year beginning with the first Summer session (for example, a form submitted in May, 2002 would be effective for Summer 2002, Fall 2002 and Spring 2003).

The employee/spouse/dependent child will be responsible for applicable fees.

II. Procedures:

If the form is for an employee:

- Enter the date that you are completing the form
- Enter your name (last name first)
- Enter your social security number
- Enter the department in which you work and telephone extension number
- Enter your supervisor's name and telephone extension number
- Indicate the semester during which you will be enrolled in class
- Enter the Course Title, Course Number, Credit Hours and Class Time (for each class you are taking)
- Sign and Date the Form

Deliver the document to your supervisor for his/her signature and recommendation for approval. If the supervisor is not recommending approval, then he/she must provide an explanation.

Deliver the form to the vice president for your area, and have him/her sign and date the form and indicate if the waiver is approved/not approved.

After the area vice president has signed the form, the employee must deliver the form to the Office of Human Resources for employment verification.

After employment is verified, then the forms (approved and not approved) will be routed to the proper places within the university.

If the form is for a spouse or dependent:

- Complete all personal information for the spouse or dependent.
- Have the form notarized (by a certified notary outside of the university).
- Deliver the form to the Office of Human Resources for employment verification.
- The form will be forwarded to the Office of the President for authorization.
- Once the President authorizes the tuition waiver, a letter is sent to the employee.

Replaces: N/A

Effective Date: November 1, 2002

Employee (Non-Faculty) Tuition Waiver Request
(Please Print)

Date: ____/____/____

Last Name _____ First Name _____

Social Security # ____ - ____ - _____

Department _____ Extension # _____

Supervisor's Name _____ Extension # _____

I am requesting an employee (non-faculty) tuition waiver for the following time period(s):

Semester: Fall ____ Spring ____ Summer ____ Year ____

Course _____ Course # ____ Credit Hours ____ Class Time _____

Semester: Fall ____ Spring ____ Summer ____ Year ____

Course _____ Course # ____ Credit Hours ____ Class Time _____

Employee's Signature _____ Date ____/____/____

Supervisor's Signature _____ Date ____/____/____

____ Recommend Approval ____ Do Not Recommend Approval

Reason : _____

Area Vice President's Signature _____ Date ____/____/____

____ Approved ____ Not Approved

Employment Verification by the Office of Human Resources

This is to advise that _____ is an employee of Cheyney University.

HR Representative's Signature _____ Date ____/____/____

Title _____

- Distribution:
- Business Office
 - Employee
 - Employee File
 - Office of the President
 - Supervisor

Spouse/Dependent Child Tuition Waiver Request

(Please Print)

Employee's Name _____

Address _____

City _____ State _____ Zip Code _____

Social Security # _____ - _____ - _____ Date of Hire ____/____/____

Status: Full Time ____ Part Time ____ Temporary ____

Department _____ Extension # _____

Name of Spouse/Dependent Child _____ SS# _____ - _____ - _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth ____/____/____ Relationship _____ Admission Date ____/____/____

I hereby declare that the above named person is my spouse/dependent child and has been declared as same on my Internal Revenue Tax Return filed this current year. In addition, the requested waiver of tuition is applicable to programs which lead to the completion of the baccalaureate degree. All statements made on this form are true.

Employee's Signature _____ Date ____/____/____

Sworn and subscribed before me this ____ day of _____, 20 ____

Notary Signature _____

Employment Verification by the Office of Human Resources

This is to advise that _____ is an employee of Cheyney University.

HR Representative's Signature _____ Date ____/____/____

Title _____

Authorization by the Office of the President

President's Signature _____ Date ____/____/____

Distribution: Business Office
Employee
Employee File
Office of the President