



STATE SYSTEM OF HIGHER EDUCATION
APPLICATION FOR TUITION WAIVER BENEFIT FOR OTHER PASSHE INSTITUTION

To Be Completed by Employee/Annuitant (Please Print)

Name of: [] Employee
[] Annuitant

Personnel Number (SAP):

Name of Employing University: Shippensburg Bargaining Unit:

Name of Student:

Student ID Number:

Relationship of Student to Employee/Annuitant:

Name of Attending University:

Semester/Year: /

Percentage of Tuition Waiver: 50% 100%

Employee/Annuitant Verification: I hereby certify that the above-named student qualifies in accordance with, and meets the qualifications as defined by, the Board of Governor's Policy. I agree to provide 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

HUMAN RESOURCES USE ONLY

HUMAN RESOURCES DEPARTMENT. The employee's/annuitant's eligibility and student's qualifications for the tuition waiver has been reviewed, and I 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.