



West Chester 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 should be directed to the Benefits staff in the Human Resources Department.)

Please Note:

- Tuition Waiver forms 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.
- Applications filed after the completion date of the course(s) will not be considered.
- Must provide Student ID # and date of birth as well as employee SAP #. SAP # is found on pay statement.

Student's Name: _____

Student ID #: _____ **Date of Birth:** _____

Semester: (Please check one)

- Fall 20____ Winter 20____
 Spring 20____ Summer I 20____ Summer II 20____ Summer III 20____

Relationship to the WCU employee (Check one):

Relationship _____
 Age at beginning of semester (for children of employees only): _____
 Already have undergraduate degree from WCU or other university/college: Yes _____ No _____
 Have accumulated 128 or more credits from WCU: Yes _____ No _____
 Course Level to be taken: Undergraduate _____ Graduate (Coaches, Faculty, and SCUPA only - not dependents) _____
 Employee's Name: _____ SAP #: _____
 Telephone Number: _____ Status: Active _____ Retiree _____

Check One (To be completed by employee):

(Note: AFSCME & SPFPA employees must have or will complete their probationary period by the last day of drop/add period.)

- | | |
|---|---|
| <input type="checkbox"/> AFSCME (see note above) | <input type="checkbox"/> SPFPA (see note above) |
| <input type="checkbox"/> APSCUF (Faculty) | <input type="checkbox"/> OPEIU (Nurses) |
| <input type="checkbox"/> Management | <input type="checkbox"/> SCUPA |
| <input type="checkbox"/> Non-faculty Athletic Coach | |

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.

Student's Signature: _____ **Date:** _____

Employee'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: _____