



East Stroudsburg University
Office of Human Resource Management 570-422-3422
Application for Tuition Fee Waiver (Dependent or Staff/Faculty)

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.
- Staff/Faculty must fill out an additional Tuition Waiver form and have it approved by his/her supervisor.

Student's Name: _____

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

Semester: (Please check only one)

Fall 20__ Winter 20__ Spring 20__ Summer 20__

Relationship to the ESU employee:

Relationship _____

Age at beginning of semester (for children of employees only): _____

Already have undergraduate degree from ESU or other university/college: Yes _____ No _____

Have accumulated 128 or more credits from ESU: Yes _____ No _____

Course Level to be taken: Undergraduate _____ Graduate (Coaches, Faculty, and SCUPA only - not dependents) _____

Employee's Name: _____ Personnel #: _____

Telephone Number: _____ Status: Active _____ Retiree _____

Check One (To be completed by employee):

(Note: AFSCME & SPFPA employees must have or will complete their six month 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.

Employee's Signature: _____ **Date:** _____

SECTION II (To be completed by Human Resources Representative)

Approving Signature: _____ **Date:** _____

Date Sent to Enrollment Services: _____