



APPLICATION FOR TUITION WAIVER BENEFIT

For APSCUF Covered Employees

NOTE: SECTION I and II must be completed and approved if applicable. **Please use one form per course.**

SECTION I – TO BE COMPLETED BY EMPLOYEE (Please complete all questions in this section)

EMPLOYEE NAME:	EMPLOYEE ID:	BARGAINING UNIT:	EMPLOYING UNIVERSITY: KUTZTOWN UNIVERSITY
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ATTENDING UNIVERSITY:		SEMESTER:	YEAR:
COURSE NUMBER:	COURSE TITLE:	COURSE LEVEL:	CREDITS:

CITIZENSHIP (PLEASE CHECK ONE):

- U.S. Citizen
- U.S. Resident
- Non-resident Alien

I understand it is my responsibility to meet the deadlines for tuition and fee payments at the university attended.

Employee Signature _____ Date

SECTION II – DEPARTMENT HEAD / SUPERVISORY APPROVAL

The class(es) will not interfere with the employee's primary duties and is approved.

Signature – Chair / Supervisor Signature – Dean / Director Signature – Provost / VP

SECTION III – GRADUATE COURSES TAXATION

If graduate level courses are being taken under this educational assistance program by employees of the university, the value of the educational assistance may or may not be taxable to the employee, depending on the nature of the courses taken. **Graduate level courses are non-taxable if they are job-related according to IRS definition up to the annual maximum as defined by the IRS.** Failure to complete this section in full will result in the classes being treated as non-job related and will be taxable. With respect to the listed graduate level courses taken by employees under this program, the supervisor or department head must complete the following questions:

Course Title: _____

Course Description: _____

PLEASE CONTINUE ON NEXT PAGE ➔

Attending University:

Name:

Semester:

Year:

Course:

1. Are these courses required by the university, or by law or regulation, to keep the employee's current salary, status or job? Yes No
2. Do these courses maintain or improve skills required in the employee's present work? Yes No
3. Are these courses required in order to meet the minimum educational requirements to qualify the employee in his/her work or business? Yes No
4. Are these courses part of a program of study that will lead to qualifying the employee in a new trade or business? Yes No

Courses meet the IRS definition of job-related if the answer to either questions 1 or 2 is yes and the answers to questions 3 and 4 are both no. Below, provide any additional information about the employee's job, and how the course relates to his/her work. If the education provides the employee in the new profession, trade or business, it is taxable even if they do not intend to enter that trade or business.

Empty box for providing additional information about the employee's job and how the course relates to his/her work.

I certify that this form is completed accurately and the course is job-related.

Signature – Department Chair / Supervisor

Signature – Dean / Director

❖❖❖ Return to Kutztown University's Human Resources Department at the Kemp Building ❖❖❖

SECTION IV – TO BE COMPLETED BY HUMAN RESOURCES

Graduate level section completed: Yes No

Faculty is tenured/on tenure track or has a 1 year full-time contract: Yes No

Coach has full-time regular status: Yes No

The employee's eligibility 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.

Human Resources

Date

SECTION V – TO BE COMPLETED BY THE BUSINESS OFFICE AT THE UNIVERSITY ATTENDED BY THE EMPLOYEE

Number of Credits	Per Credit Charge	Total Waiver	Taxable Amount	Non-Taxable Amount	Award Code