

**APPLICATION FOR TUITION FEE WAIVER**  
MANAGEMENT and OPEIU covered employees  
(Taking Courses Under the Non-Instructional Tuition Waiver Policy)

EMPLOYEE NAME:		KU STUDENT ID:
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SEMESTER:	YEAR:	BARGAINING UNIT:
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- Employees of OPEIU units must have completed their probationary period prior to beginning of attending semester to be eligible for tuition waivers.
- **INDEPENDENT STUDY / INDIVIDUALIZED INSTRUCTION (IS/II)** courses are not covered by tuition waiver. It is the employee responsibility to immediately report any IS/II courses added after tuition waiver form has been submitted to human resources for that semester.
- The following undergraduate course(s) I am requesting for permission to take at Kutztown University is/are under the tuition waiver provisions of my work unit. I understand that this request is for tuition only, and that I am responsible for all aspects of the registration process. A **maximum of 6 credits** per semester (Fall, Spring & Summer I or II) may be taken.

COURSE NUMBER/SECTION AND TITLE:	CREDITS:	DAYS AND TIME OF CLASS:
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**Below is my plan to make up for work time missed from attending classes:**

**Please explain how this course(s) directly related to your position and provides job-related training (additional space is available on page 2):**

I understand that I must make up any missed time from my regular work schedule and I am providing an alternate work schedule for making up time for attending class(es). I also understand that this information is required to comply with contractual requirements, if applicable. This application should be submitted no later than eight weeks prior to the deadline for payment each semester.

Employee Signature	Date
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By approving this waiver, I have reviewed this request and I understand that the resulting absence must not cause any additional cost to the university. I have reviewed the plan to make up any work missed. I understand that the operational needs of my function take precedence, and that I may refuse this request if it would disrupt the work schedule or result in additional cost.

Supervisor Signature	Date
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**HR CHECKLIST:**

<b>MANAGEMENT:</b> Full-time employee with more than 9-Month position	
<b>OPEIU (Nurses):</b> Full-time employee with completed probationary period	
Job-related explanation completed	
On active payroll of university	
No Independent Study/Individualized Instruction Courses	

Human Resources	Date
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