

## **APPLICATION FOR TUITION WAIVER BENEFIT**

For **SCUPA** Covered Employees

NOTE: SECTION I and II must be completed and III for graduate level courses. Please use one form per course.

SECTION I - TO	BE COMPLETE	D BY EMPLOYEE (Please of	complete all questions	s in this section)	
EMPLOYEE NAME:				EMPLOYEE ID:	
EMPLOYING UNIVERSITY:		ATTENDING UNIVERSITY:		SEMESTER AND YEAR:	
<b>KUTZTOWN UNIVERSITY</b>					
COURSE NUMBER:	COURSE SECTION:	COURSE TITLE:			
					1
DAYS AND TIMES:				COURSE LEVEL:	CREDITS:
CITIZENSHIP (PLEASE CHE	ECK ONE):				I
U.S. Citizen	U.S. Reside			Y	
I UNDERSTAND THAT TO ATTEND CLASS(ES	I MUST MAKE UP AN S). I ALSO UNDERST	Y MISSED TIME FROM MY REGULA AND THAT THIS INFORMATION IS F	R WORK SCHEDULE AND LA REQUIRED TO COMPLY WITH	IM PROVIDING A PLAN FO I CONTRACTUAL REQUIF	OR MAKING UP TIME REMENTS.
I plan to make up	the work time f	or attending classes by: (F	Please include travel time to a	nd from class.)	
Have you applied	for tuition waive	r at any other PASSHE scho	ools as a SCUPA memb	er previously?	Yes No
		of credits you received throu		credits	
INDEPENDENT STUDY	INDIVIDUALIZED INS	TRUCTION (IS/II) COURSES ARE <u>NOT</u> DDED AFTER TUITION WAIVER FORM	COVERED BY TUITION WAIV	ER. IT IS THE EMPLOYEE	RESPONSIBILITY TO
The course(s) I am reques	sting for permission to tal	ke at Kutztown University is/are under the	tuition waiver provisions of my ba	argaining unit contract. I unde	erstand that this request
is for tuition only, and that	I am responsible for all	aspects of the registration process. A ma	aximum of 6 credits per semeste	er (Fall, Spring & Summer I or	II) may be taken.
Employee Signature		Market Market Market	Date		
		AD / SUPERVISORY APPR			
The class(es) will no	t interfere with the e	imployee's primary duties and is	approved.		
Supervisor Signatur	e Name:		Date		
Director Signature	Name:		Date		
SECTION III – G	RADUATE COU	RSES TAXATION			
taxable to the employee, o	depending on the nature ined by the IRS. Failure ses taken by employees	nis educational assistance program by er of the courses taken. <b>Graduate level co</b> e to complete this section in full will result under this program, the supervisor or de	<b>purses are non-taxable if they a</b> in the classes being treated as no	<mark>re job-related according to l</mark> on-job related and will be taxa	RS definition up to the ble. With respect to the
Course Title:					
Course Description	n:				
-					

Name:			Semester:								
Course:											
Are these course current salary, sta	e employee's	Yes	☐ No								
2. Do these courses	work?	Yes	☐ No								
Are these course the employee in h	ents to qualify	Yes	☐ No								
Are these course trade or business	loyee in a new	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.											
I certify that this form is completed accurately, and the course is job-related.											
Supervisor Signature Date											
Graduate level section		Y HUMAN RESOURC	ELES		□ Vee	□ No					
Employee has perm		☐ Yes	No □ No								
		ombination of "U" and "	G" credits up to 60 th	rough waiver	☐ Yes	□ No					
Under maximum of 6	Yes	□ No									
Class(es) taken duri		Yes	□ No								
HR Comments:											
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											
				Non-Taxable							
Number of Credits	Per Credit Charge	Total Waiver	Taxable Amount	Amount	AWa	ard Code					