



Request for Employee Tuition Waiver/Scholarship Authorization

Employee Name: _____
(Last) (First) (Middle)

Employee ID Number: _____ **Email Address:** _____

- Employee Group:** Choose One
- Full-time Employee (Administrative Professional, Faculty & Support Staff)
 - Benefit Eligible Part-time Employee
 - SVSU Retiree
 - Other Full-Time Employees (Aramark, Barnes & Noble)

**Eligible children - include sons, daughters, stepsons, stepdaughters and legally adopted sons and daughters under age 30 during the entire academic semester enrolled.*

Name of the Individual to Receive the Waiver/Scholarship	Relationship to the Employee/Retiree (self, spouse, or child*)	If child, please enter date of birth	If child, indicate whether tax dependent (yes/no)
		____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please select the semester/year in which the Tuition Waiver/Scholarship Authorization is requested: A new waiver form must be complete each semester.			
<input type="checkbox"/> Fall 20__	<input type="checkbox"/> Winter 20__	<input type="checkbox"/> Spring 20__	<input type="checkbox"/> Summer 20__

I have read the SVSU Employee Tuition Waiver policy and understand that some or all of this benefit may be taxable.

Employee Signature _____ Date _____

****THE COMPLETED FORM MUST BE FORWARDED TO HUMAN RESOURCES FOR APPROVAL****

HUMAN RESOURCE AUTHORIZATION	
Approved by:	Date:
Office of Scholarship & Financial Aid	
<i>For Office Use Only:</i>	Award Code
Processed by:	Date:
Payroll Office	
Processed by:	Date: