SAGINAW VALLEY STATE UNIVERSITY

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	Student ID Number	Relationship to the Employee/Retiree (self, spouse, or child*)	If child, please enter date of birth	If child, indicate whether tax dependent
			____/____/_____	☐ Yes ☐ No

Please select the semester/year in which the Tuition Waiver/Scholarship Authorization is requested: A new waiver form must be complete each semester on or following the date noted below.			
Jun. 1	Nov. 1	Mar. 1	Apr. 1
☒ Fall 20___	☐ Winter 20___	☐ Spring 20___	☐ 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:**

For Office Use Only:

Office of Scholarship & Financial Aid

Award Code

Processed by: **Date:**

Payroll Office

Processed by: **Date:**

Updated 8/27/18