


## Please see next page for the Adobe Fillable Form

### Directions for Completing & Submitting:

*If the form opens in a web browser users need to download and save the file. Do not fill it out or print from the browser.*

- Download the form to your computer 
- Choose to save the form to your desktop or a specific file folder
- Click "Save"
- Locate the saved form and right click
- From the menu, choose "Open With >", then select "Adobe Acrobat DC or Adobe Acrobat Reader"
- Complete the form with your information and click "Save"
- Once document has all required signatures, send an email to hr@svsu.edu with the final form attached

\*To download adobe or if you need additional assistance, please visit the Knowledge Article - [Completing Fillable Forms](#) section.

## Adjunct Faculty Request for Employee Tuition Waiver/ Scholarship Authorization

### Eligibility

Adjunct Faculty, who have taught at the University for a minimum of two (2) semesters **and** have a current *Year Contract* with the University, are eligible for a 50% discount off eligible tuition and course-related fees for SVSU courses taken during that semester. This discount applies to the semester in which they are teaching and may be valid up to three subsequent semesters. ***PLEASE NOTE: Spouse & Children are NOT eligible for the tuition waiver.***

**Employee Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Employee ID Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

<b>Please select the semester/year in which the Tuition Waiver/Scholarship Authorization is requested:</b> <i>A new waiver form must be complete each semester on or following the date noted below.</i>			
Jun. 1	Nov. 1	Mar. 1	Apr. 1
<input type="checkbox"/> Fall 20__	<input type="checkbox"/> Winter 20__	<input type="checkbox"/> Spring 20__	<input type="checkbox"/> Summer 20__

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

\_\_\_\_\_  
Employee Signature Date

**\*\*THE COMPLETED FORM MUST BE FORWARDED TO THE DEAN'S OFFICE FOR APPROVAL\*\***

<b>DEAN'S OFFICE AUTHORIZATION</b>
<input type="checkbox"/> Adjunct Faculty Member has met eligibility requirements.
<b>Approved by:</b> _____
<b>HUMAN RESOURCE AUTHORIZATION</b>
<b>Approved by:</b> _____

*For Office Use Only:* **Office of Scholarship &  
Financial Aid**

**Processed by:** \_\_\_\_\_

**Payroll Office**

**Processed by:** \_\_\_\_\_