


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"
- Send an email to hr@svsu.edu with the form attached

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

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
			____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please select the semesters/years 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:

June 1	November 1	March 1	April 1
<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:
For Office Use Only:
Office of Scholarship & Financial Aid
Award Code
Processed by:
Date:
Payroll Office
Processed by:
Date: