

# CLARION UNIVERSITY TUITION WAIVER

First Name

Last Name

Department

phone

e-mail

Employee ID

Waiver for:

Self

Dependent

Spouse

Student ID

Dependent/  
Spouse Name

Employee Group

AFSCME

APSCUF

Management

OPEIU

PSSU

SCUPA

SPFPA

Employment

Type

(check all that  
apply)

Full Time

Part Time

Regular

Temporary

Retired

Attending

Clarion

Other PASSHE Institution

PASSHE

Institution:

**Semester/Session  
(Select Only One)**

Fall - full session

Fall 7 Week (1)

Fall 7 Week (2)

Winter Term

Spring - full session

Spring 7 Week (1)

**Academic Year or  
Summer Session  
Year \_\_\_\_\_**

Spring 7 Week (2)

Summer 1

Summer 2

Summer 3

Summer 7 Week (1)

Summer 7 Week (2)

Employee Signature

Date:

-----**TO BE COMPLETED BY HUMAN RESOURCES**-----

Human Resources Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Percentage  
Approved

100%  
50%

Waiver Type

Undergraduate  
Graduate

*Percentage and Type Determined by Collective Bargaining Agreement and/or PASSHE Policy*

**COMPLETED FORM SHOULD BE RETURNED TO HUMAN RESOURCES**