



TUITION WAIVER APPLICATION FOR CLASSIFIED EMPLOYEES
(CWA and IFPTE)

Employee's Name _____ Employee's ID# _____
 Department _____ Extension _____
 Location _____ Email _____@kean.edu

Select your degree program and provide the title.

- Undergraduate Degree Title of Degree Program _____
 Graduate Degree Title of Degree Program _____

Select the term for which you are seeking a tuition waiver and indicate the year.

- Fall Semester _____ Spring Semester _____
 Summer Session I _____ Summer Session II _____

Course(s)	Credit(s)	Course Schedule(s)

My signature confirms that I have read, do fully understand and am agreeing to adhere to the conditions of the Tuition Waiver Program that are outlined within the Tuition Waiver Policy for Classified Employees.

Employee's Signature _____ Date Signed _____

The signatures of the Supervisor and Department Head confirm that there is no conflict between the course schedule(s) listed above and the employee's normal work hours. Accordingly, they are recommending a tuition waiver be granted.

Supervisor's Signature _____ Date Signed _____

Department Head's Signature _____ Date Signed _____

- Approved
 Disapproved
- Signature of Human Resources Director _____