



**TUITION WAIVER APPLICATION FOR UNCLASSIFIED EMPLOYEES**  
**(AFT)**

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 Unclassified 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 \_\_\_\_\_