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 ________

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<th>Course(s)</th>
<th>Credit(s)</th>
<th>Course Schedule(s)</th>
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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 ________

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- Approved  Signature of Human Resources Director ___________________________
- Disapproved

COMPLETED APPLICATIONS SHOULD BE RETURNED TO THE OFFICE OF HUMAN RESOURCES, 2ND FLOOR – ADMINISTRATION BUILDING