

**WESTFIELD STATE UNIVERSITY  
HUMAN RESOURCES OFFICE**

***TUITION WAIVER REQUEST FORM***  
*(new form required for each semester)*

**PLEASE PRINT**

Name of Employee: \_\_\_\_\_  
Title/Rank: \_\_\_\_\_  
Department: \_\_\_\_\_

Employed:  Full Time  
 Part Time  
 Retired

Collective Bargaining Affiliation:  AFSCME  Non-unit Professional  
 APA  Non-unit Classified  
 MSCA

Name of college where course(s) will be taken: \_\_\_\_\_

Enrollment:  Full Time  Part Time  Continuing Education

Attending:  Spring \_\_\_\_\_  Fall \_\_\_\_\_  Summer  
(covers both \_\_\_\_\_  Intersession \_\_\_\_\_  
sessions) \_\_\_\_\_ year \_\_\_\_\_ year

Name of individual who will be attending: \_\_\_\_\_

Relationship to employee:  Self  Spouse  Dependent Child\*\*  Non-dependent Child

(State Colleges Only)

\*\* For attendance at universities and community colleges, dependent child must not be over 25 years of age and must have been claimed as a dependent on the employee's previous year's income tax.

**PLEASE MAIL TUITION WAIVER TO:**  Campus Mailbox  
 Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand the tuition waiver guidelines and certify that the individual listed above is eligible for a tuition waiver.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date