



Indiana University of Pennsylvania
Application for University Funded Educational or Professional Development Assistance
For Non-Represented Employees

Section 1: Requestor Information:

Employee Name:	Email Address:	Phone Number:
Banner ID #:		Personnel #:
Job Title:		Supervisor Name:
Department:		Division:

Section 2: Request Details:

Tuition Waiver for the following IUP graduate course:

Department	Course #	Title of Course	Credit Hours	Semester/Year

Course Start Date	Course End Date	Course Start Time	Course End Time	Total Number of Classes

Will this course be taken during work hours? Yes No

If yes, how do you plan to account for or make up the time missed from your job?

Tuition Reimbursement for non-IUP courses:

Name of College or University:

Department	Course #	Title of Course	Credit Hours	Semester/Year

Course Start Date	Course End Date	Course Start Time	Course End Time	Total Number of Classes

Is this course/program available at IUP? Yes No

Will this course be taken during work hours? Yes No

If yes, how do you plan to account for or make up the time missed from your job?

Tuition/Program Cost: _____

Note: The maximum amount for tuition/program reimbursement shall be limited to the current undergraduate or graduate rate at IUP, whichever is applicable less any other sources of offset. Non-represented employees applying for tuition reimbursement are required to minimally receive a "C" grade for undergraduate courses or a "B" grade for graduate courses to receive reimbursement. Non-represented employees who fail to qualify for the reimbursement are responsible for the full cost. Evidence of course completion, grade received, and proof of payment is required for reimbursement. Education benefits may be subject to taxation, for which the employee is responsible.

Section 2: Request Details (Cont'd)

Explain how your educational/professional development request is directly related to your current or prospective job duties (attach a separate sheet if necessary):

I understand that if I am approved for a graduate tuition waiver at IUP, it is my responsibility to complete and submit an online Tuition Waiver Application, available through the Office of Human Resources website, before the course begins. I understand that if I am approved for program/tuition reimbursement, I will be responsible for submitting a Request for Program/Tuition Reimbursement Form along with evidence of course completion, grade received and proof of payment to the Office of Human Resources within 90 days of the completion of the course. Requests for reimbursement after this 90 day period will not be honored. I also understand that this reimbursement may be subject to taxation, for which I am responsible.

Employee Signature:	Date:

Section 3: Supervisor Approval

- Employee has completed his/her probationary period: Yes No
- The course/program is work-related: Yes No
- The course/program is necessary for the employee to maintain or acquire skills necessary for their current employment or the education meets an express requirement by IUP or the State System, law or regulations?
 Yes No
- Course/program is not offered through IUP: Yes No
- The employee's plan to make up time from work if course/program is scheduled during regular working hours is acceptable: Yes No
- Employee's request the IUP graduate course tuition waiver or tuition/program reimbursement is:
 Approved Denied

If Request is Denied, Reason for Denial:

Supervisor Signature:	Date:

Section 4: Vice President/President (if request is for a Vice President) Approval

- The employee's request for IUP graduate course tuition waiver or tuition/program reimbursement is:
 Approved Denied
- The approved amount of tuition/program reimbursement is: _____

If Request is Denied, Reason for Denial:

Vice President/President Signature:	Date:

Funding Source (if non-IUP tuition/program reimbursement):

Section 5: Office of Human Resources Approval

Tuition Waiver Authorized: Yes No Number of IUP Graduate Credits Approved for Waiver:

Tuition/Program Reimbursement Authorized: Yes No Amount of Tuition to be Reimbursed:

Human Resources Representative Signature	Date: