

California University of Pennsylvania
Employee Tuition Waiver Program
Schedule of Classes

Employee Name: _____

Employee ID No. _____

Semester: _____

Year: _____

Course No.	Course Title	Mon	Tue	Wed	Thu	Fri	Time Period

PLEASE NOTE: This form MUST be signed by the Vice President for Administration and Finance if the scheduled class conflicts with traditional work hours for the employee.

Employee's Signature

Date

APPROVALS:

Supervisor's Signature

Date

Vice President for Administration and Finance

Date