

				* HR Use Only *			
AFSCME -	E AFC	E AFE	E AFS	NURSES -	ENUC	ENUE	ENUS
APSCUF -	E APC	E APE	E APS	PHYS. -	EPHC	EPHE	EPHS
COACHES -	E COC	E COE	E COS	SCUPA -	ESCC	ESCE	ESCS
MGMT -	E MGC	E MGE	E MGS	POLICE	EUPC	EUPE	EUPS
				6 credit limit			
				MU#			

CHECK ONE

This is the first time I have made application for student named below:

Yes No

**MILLERSVILLE UNIVERSITY
TUITION WAIVER SESSION APPLICATION**

PLEASE PRINT:

Name of Student: _____ M #: _____

Name of Employee (if other than student): _____ Dept: _____

Application is Being Made for: Self Spouse Child

Age of Student (child only): _____

Application Period: Complete only one Period per form and list all sessions within the period that apply.

<u>Period 1</u>	<u>Period 2</u>	<u>Period 3</u>
<input type="checkbox"/> Fall _____(yr)	<input type="checkbox"/> Winter _____(yr)	<input type="checkbox"/> Summer 1 _____(yr)
	<input type="checkbox"/> Spring _____(yr)	<input type="checkbox"/> Summer 2 _____(yr)
		<input type="checkbox"/> Summer 3 _____(yr)

This waiver applies to tuition only. You are responsible for all other charges listed on the Statement of Account from the Bursar's Office. Waiver approval is valid only to the end of each session requested within an application period. (Fall, Winter/Spring, and Summer, which includes Summer 1, Summer 2, and Summer 3).

Employee Signature _____
Date

*This section must be completed by an **EMPLOYEE taking courses**, whether or not classes are scheduled during work hours (not applicable to spouse/children).*

Present work hours are from _____ to _____.

Do you consider this course job related? YES NO

Is the course required for completion of a degree? YES NO

Do you expect to attend classes during work hours? YES NO

NOTE: In accordance with University Personnel Policy #235.01, only one class may be taken during work hours if it is work-related or required for completion of a degree. **Approval from the supervisor must be obtained and you must indicate below how the time away will be covered with annual, personal, or compensatory leave .**

COURSE TITLE(S)	COURSE NUMBER(S)	MEETING TIME(S)	MEETING DAY(S)

The course scheduled during my work hours will be covered by: ANNUAL _____, PERSONAL _____, COMPENSATORY _____ leave.

Supervisor's Approval (needed only if courses are during work hours) _____
Date

Human Resources _____
Date