

# Millersville University

## Application for Tuition Waiver Benefit Other PASSHE Universities

EMPLOYEE NAME (LAST NAME, FIRST NAME)

\_\_\_\_\_

EMPLOYEE PERNER #: \_\_\_\_\_ EMPLOYEE EMAIL: \_\_\_\_\_

NAME OF EMPLOYING UNIVERSITY: \_\_\_\_\_

WAIVER FOR: SELF \_\_\_\_\_ DEPENDENT \_\_\_\_\_ SPOUSE \_\_\_\_\_

STUDENT NAME (LAST NAME, FIRST NAME, MI)

\_\_\_\_\_

STUDENT ID #: \_\_\_\_\_

STUDENT SOCIAL SECURITY # (LAST 4 DIGITS ONLY) \_\_\_\_\_

NAME OF ATTENDING UNIVERSITY: \_\_\_\_\_

BARGAINING UNIT: APSCUF \_\_\_\_\_ EMPLOYMENT TYPE: Full Time \_\_\_\_\_  
MANAGEMENT \_\_\_\_\_ (check all that apply) Part Time \_\_\_\_\_  
SCUPA \_\_\_\_\_ Regular \_\_\_\_\_  
Retired \_\_\_\_\_

SEMESTER/SESSION/YEAR (one waiver per semester/session listed)

Undergraduate \_\_\_\_\_ Fall \_\_\_\_\_ Summer Session I \_\_\_\_\_

Graduate \_\_\_\_\_ Winter \_\_\_\_\_ Summer Session II \_\_\_\_\_

Spring \_\_\_\_\_ Summer Session III \_\_\_\_\_

Employee/Annuitant Verification: I understand it is my responsibility to meet the deadlines for tuition payment at the University attended by the student. If waiver is for a dependent child or spouse I hereby certify that the above-named student qualifies as my child or spouse in accordance with and meets qualifications as defined by my collective bargaining agreement. I agree to provide to the University proof of relationship and age as may be required.

EMPLOYEE SIGNATURE: \_\_\_\_\_

(Guardian or Beneficiary may provide verification of relationship in the event of Employee's/Annuitants death)

DATE: \_\_\_\_\_

\*\*\*\*\*TO BE COMPLETED BY HUMAN RESOURCES\*\*\*\*\*

Human Resources Approval: \_\_\_\_\_ DATE: \_\_\_\_\_

Percentage Approved: 100% \_\_\_\_\_ 50%: \_\_\_\_\_

*Percentage and Type Determined by Collective Bargaining Agreement and/or PASSHE Policy*

RETURN COMPLETED FORM TO EMPLOYING UNIVERSITY'S HUMAN RESOURCES