

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