CHECK ONE:

This is the first time I have applied for the student named below:				
	*Please submit proof of eligibility (marriage certificate, ASSHE domestic partner certification form).			
No				

* HR Use Only *					
AFSCME -	EAFS	NURSES -	ENUS		
APSCUF -	EAPS	PHYS	EPHS		
COACH-	ECOS	SCUPA -	ESCS		
MGMT -	EMGS	POLICE	EUPS		
6 credit limit					
MU#					

MILLERSVILLE UNIVERSITY SPOUSE/SAME SEX DOMESTIC PARTNER TUITION WAIVER SESSION APPLICATION

PLEASE PRINT:		
Student Name:		M#
Employee Name:	M#	Dept:
Does spouse/partner currently have an unc	dergraduate degree?NO	_YES (*If "YES", NOT eligilbe for waiver)
Application is being wade for.	ouse ne Sex Partner	
Application Period: Complete only one P	Period per form and list all sessions within	in the period that apply.
Period 1	Period 2	Period 3
Fall(yr)	Winter(yr)	Summer 1(yr)
	Spring(yr)	Summer 2(yr)
	<u> </u>	Summer 3(yr)
 Graduate and non-credit courses at I certify that my spouse/partner doe This waiver applies to tuition ONLY Acceptance of tuition waiver may re Tuition waiver is contingent upon my which the application is made. Waiver of tuition will be discontinued 	guarantee admission to the Universite are not eligible for tuition waiver. es not have an undergraduate degree ((does not include room, board, or othe educe other forms of financial aid. neeting the eligibility criteria at the beg	her fees) ginning of the semester or session for he employee or spouse/partner loses eligibility.
Employee Signature		Date
Human Resources		Date