



MISSISSIPPI VALLEY STATE UNIVERSITY
FACULTY/STAFF
RECIPROCAL SCHOLARSHIP FORM

MDCC Applicant:

MVSU ID #

(do not use social security #)

Semester and Year Applying For:

Course Number, Description, and Hours (6 hours maximum) Applying For: *(Schedule must be attached)*

Employee

Date

Appropriate Supervisor

Date

Associate Vice President / Vice President

Date

President

Date

After all signatures have been obtained, the President's office will forward this form to Human Resources. HR will then email a copy of the approved form to employee. Employee will then be responsible in taking form to MVSU.

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