



ADELPHI UNIVERSITY SCHOOL OF SOCIAL WORK

Application for Tuition Remission

Student Name: _____ AU ID# _____ Campus _____

Address: _____

Daytime Phone #: _____

Educational Level Undergraduate Graduate Post Masters

Name of Agency/Division: _____

Name of Director/Coordinator: _____

Address: _____

Agency Phone #: _____

Tuition Remission Request

Date: _____

Which semester are you requesting Tuition Remission for? Fall '16 Spring '17 Summer '17

Number of Tuition Remission Credits to be allocated to student

(Please note: Students may utilize Tuition Remission credits to satisfy up to 50% of enrolled credits to a maximum of 6 credits per semester)

List all the courses you will be enrolled in for the semester in question (form will be returned if this information is not provided):

Table with 4 columns: Course Number, Credits, Course Number, Credits. Rows 1-3 and 4-6.

or

Continuing Education Certificate Program Course - _____ 30% of Course Fee.

*By signing below, you acknowledge that you have read the Tuition Remission Policy, and you are complying with the policy of the School of Social Work.

Signature of Student Requesting Remission

Signature of Agency Director or Educational Coordinator

- Note: 1. Forms which are not signed by an officer of your agency will be returned. 2. Applications must be accompanied by a check or money order for \$25.00 payable to Adelphi University—NO CASH ACCEPTED.

**Applications should be submitted by the "Classes Begin Date" to avoid possible changes in financial packages.

Return Completed Application and Processing Fee to:

Pat Durecko
Adelphi University
School of Social Work-Room 205
One South Avenue
Garden City, New York 11530