



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 '18 [] Spring '19 [] Summer '19

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 1-6 for course entry.

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: Forms which are not signed by an officer of your agency will be returned.

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

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