



PARTNERSHIP INSTITUTION WAIVER FORM

For employees of a GSAS partner institution matriculated into a GSAS master's degree program
Completed form must be submitted to
GSAS Office of Academic Programs and Support in Keating Hall 216.

Student's Name: F.I.D.N.:

Address:

Phone Number: Fordham email:

Employed by:

Address:

Program: Degree: M.S. M.A. Advanced Certificate

Date of Matriculation (semester and year):

Credits Earned Toward Degree: Current GPA:

Waiver requested for the following semester: Fall Spring Summer Year:

Courses for which tuition waiver is requested:

Table with 3 columns: Course Number, # of Credits, Course Title

Student's Signature: Date:

Endorsement of Partner Institution / Employer

By signing below, I, certify that is a full time employee at and has my endorsement to pursue the courses indicated above during the semester.

Signed: Date: Employer Signature

of credits: x \$ per credit = Total Amount Waived

Approved: Date: GSAS Dean's Office