

APPLICATION FOR JESUIT HIGH SCHOOL TEACHER'S PARTIAL TUITION WAIVER PROGRAM

For students matriculated in a <u>Graduate School of Arts and Sciences</u> master's degree program. Tuition waivers are subject to availability of funds.

Submit completed forms to: GSAS Office of Academic Programs and Support in Keating Hall 216.

Student's Name:	ent's Name: F.I.D.N.:				
Address:					
Phone Number:	one Number:Fordham email:				
Name of Jesuit High School	ol where employed:				
High School Address:					
Name of GSAS Degree Program:			_ ○MA ○MS		
Date of Matriculation (sem	nester and year):		_		
Credits Earned Toward De	gree: C	urrent GPA:			
Current Semester: OFall					
Courses for which tuition	waiver is requested:				
Course Number	# of Credits Course Title				
By signing below, I certify	that:				
	culty member or administration Xavier High School.	rator at Loyo	ola School, Regis High School,		
			Graduate School of Arts and		
			equirement.) or at least two years after the		
•		3.5 in order t	to receive the tuition waiver.		
Student's Signature:		_ Date: _			

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Endorsement of High School Principal				
By signing below, I,	certify that			
is a full time faculty member or	administrator at			
school and has my endorsement	to pursue the courses indicated or	n this form during the		
semester.				
Signed: Principal Signature	Date:			
	GSAS Office Use Only			
# of credits: x \$	per credit x .5 =	Total Amount Waived		
Approved: GSAS Dean's Office	Date:			