

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

For students matriculated in the GSAS degree programs listed below.

Tuition waivers are subject to availability of funds.

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: \_\_\_\_\_

Degree/Program (check one):

☐ MS/ Computer Science☐ MA/ Medieval Studies☐ MA/ History☐ MA / Theology

Date of Matriculation (semester and year): \_\_\_\_\_

Credits Earned Toward Degree: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Current Semester: ☐ Fall ☐ Spring ☐ Summer Year: \_\_\_\_\_**Courses for which tuition waiver is requested:**

Course Number	# of Credits	Course Title

By signing below, I certify that:

- I am a full time high school teacher.
- I have been admitted to the degree program indicated above. (Non-matriculated status does not fulfill this requirement.)
- I understand that I must maintain a GPA of 3.5 in order to receive a tuition scholarship.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Continue to Page 2:

**APPLICATION FOR  
HIGH SCHOOL TEACHER'S PARTIAL TUITION SCHOLARSHIP**

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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 on this form during the  
\_\_\_\_\_ semester.

Signed: \_\_\_\_\_  
Principal Signature

Date: \_\_\_\_\_

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**GSAS Office Use Only**

# of credits: \_\_\_\_\_ x \$ \_\_\_\_\_ per credit x .5 = \_\_\_\_\_ Total Amount Waived

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
GSAS Dean's Office