

**APPLICATION FOR
Clergy Partial Tuition Remission**

For students matriculated in the M.A. in Theology and/or M.A. in Catholic Theology.

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: _____

Date of Matriculation (semester and year): _____

Credits Earned Toward Degree: _____ Current GPA: _____

Waiver requested for courses in the following 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 clergy.
- I have been admitted to the M.A. in Theology and/or M.A. in Catholic Theology.
(*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 waiver.

Student's Signature: _____ Date: _____

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Endorsement of:

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

Signed: _____
Diocesan/ Board of Trustees Approval

Date: _____

GSAS Office Use Only

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

Approved: _____ Date: _____
GSAS Dean's Office