



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:

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: _____
Employer Signature

Date: _____

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

Approved: _____ Date: _____
GSAS Dean's Office