

Course Fee.

of the School of Social Work.

Signature of Student Requesting Remission

ADELPHI UNIVERSITY SCHOOL OF SOCIAL WORK Application for Tuition Remission

Student Name: AU ID# Campus Daytime Phone #:_____ Educational Level Undergraduate Graduate Post Masters Name of Agency/Division: Name of Director/Coordinator: Address: Agency Phone #: Date: **Tuition Remission Request** Which semester are you requesting Tuition Remission for? Fall '17 Spring '18 Summer '18 Number of Tuition Remission Credits to be allocated to student (Please note: Students may utilize Tuition Remission credits to satisfy up to 50% of enrolled credits to a maximum of 6 credits per semester) List all the courses you will be enrolled in for the semester in question (form will be returned if this information is not provided): Course Number Course Number Credits

Note: Forms which are not signed by an officer of your agency will be returned.

**Applications should be submitted by the "Classes Begin Date" to avoid possible changes in financial packages.

Continuing Education Certificate Program Course - ______ 30% of

*By signing below, you acknowledge that you have read the Tuition Remission Policy, and you are complying with the policy

Signature of Agency Director or Educational Coordinator

Return Completed Application and Processing Fee to:
Pat Durecko
Adelphi University
School of Social Work-Room 205
One South Avenue
Garden City, New York 11530