



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:

Table with 3 columns: Course Number, # of Credits, Course Title. Contains 4 empty rows for data entry.

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: _____

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

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: _____

GSAS Office Use Only

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

Approved: _____ Date: _____
GSAS Dean's Office