

The College of Saint Rose Albany, New York

ASBO New York Tuition Discount Application

Students who are current members of **ASBO New York** (Association of School Business Officials, New York), and who are matriculated in the College's School District Business Leader Certificate (SDBL) Program, or the MBA/SDBL Program, are eligible to receive a 20% tuition discount. This discount applies to graduate tuition only, and may not be combined with other College-sponsored tuition discounts or institutional aid. The student's ASBO New York membership must be current during the semester indicated on this application, and a new application form must be submitted each semester. This application applies only to the current semester, and the discount is applicable only for graduate courses which are required for the above mentioned programs of study.

This application form must be submitted directly to ASBO New York each semester, and once verification of membership has been completed, ASBO New York will forward the application to The College of Saint Rose Bursar's Office. This form is due to ASBO New York on or before each semester's payment due date. If an application is submitted after the payment due date, any late payment fees, which may have been assessed, will not be waived.

Please note that this discount is based on a current agreement between The College of Saint Rose and ASBO New York, and once approved, will not change for the current semester. Eligibility and approval of the discount in subsequent semesters is subject to any changes made to this agreement.

Questions regarding this discount may be directed to The College of Saint Rose Bursar's Office, at (518) 458-5464, or to bursar@strose.edu.

ASBO New York membership questions may be directed to membership@asbonewyork.org.

(Student must complete this section)

Student Name _____

Student ID _____ Semester/Year _____

Program of Study (Circle One) MBA or SDBL

Student's Signature _____ Date _____

Student's (Saint Rose) Email Address _____ Phone Number _____

Student: Please email this form to ASBO New York at: assistant@asbonewyork.org, Cc: amanda@asbonewyork.org.

(For office use only)

_____ Date Received/ASBO New York

_____ Membership Dates

_____ Verified By

_____ Date

ASBO New York: Please email completed form to: bursar@strose.edu.

_____ Date Received/Saint Rose

_____ Amount

_____ Processed By

_____ Date