

**The College of Saint Rose**  
**Albany, New York**  
**Albany Catholic Diocese**  
**Tuition Discount Certificate**

This certificate is valid as a 25% tuition discount for graduate courses taken at The College of Saint Rose by students who are employed by the Albany Catholic Diocese Schools of New York as teachers, administrators or pupil personnel professionals. This certificate is issued by The College of Saint Rose and must be completed each semester. **This tuition discount applies toward graduate tuition only, for a maximum of six graduate credits per semester.** This discount may not be combined with other College-sponsored tuition discount programs and/or institutional aid. This discount applies only to the current semester, and will not apply to any prior semesters. This certificate may not be exchanged for cash, and there is no remaining partial credit after the certificate has been applied. This discount will not be prorated if the student ceases to be an employee during the semester.

By signing this agreement, the student is granting permission to The College of Saint Rose to submit this form to the Albany Catholic Diocese for employment verification. The student is also granting permission to The Albany Catholic Diocese to release employment verification to The College of Saint Rose.

This form must be completed each semester, and should be submitted on or before the semester 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. This form will not be accepted more than ten days after the first day of classes.

Any 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](mailto:bursar@strose.edu).

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**Student should complete this section**

Student Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Semester/Year \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail or fax this form to: The College of Saint Rose**  
**Bursar's Office**  
**432 Western Avenue**  
**Albany, NY 12203**  
**Fax (518) 454-2054**

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For office use only

\_\_\_\_\_  
**Form Receipt Date**      **Initials**

\_\_\_\_\_  
**Employment Verified By**      **Date**

\_\_\_\_\_  
**Processed By**      **Date**      **Amount**