



Tuition Discount Application for Employees of The LaSalle School

Students enrolled in a master’s level or certificate of advanced study program, who are employees of The LaSalle School (located at 391 Western Ave, Albany NY), are eligible for a 25% tuition discount for graduate courses taken at The College of Saint Rose (*this discount does not apply to the Certificates of Advanced Study in Special Education or TESOL, which are priced differently*). This application, including employment verification, must be completed each semester. The tuition discount applies toward graduate tuition only, and may not be combined with other College-sponsored tuition discount programs or institutional financial 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.

This form must be completed each semester, and should be submitted by 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. This completed form may be mailed to The College of Saint Rose, Bursar’s Office, 432 Western Ave., Albany, NY 12203, or faxed to (518) 454-2054, or emailed to bursar@strose.edu.

Any questions regarding this discount application may be directed to The College of Saint Rose Bursar’s Office, at bursar@strose.edu.

(Student should complete this section)

_____	_____	_____
Student Name	Student ID Number	Semester/Year
_____	_____	
Email Address	Daytime Phone Number	
_____	_____	
Student Signature	Date	

(Student should have their Human Resources Office complete this section)

_____ is currently an employee of The LaSalle School.
(Name of Student)

_____	_____
Signature of Human Resources Representative	Date

_____	_____	_____
Print Name	Title	Phone Number

(For Office Use)

Form Receipt Date/(Initials)

_____	_____	_____
Processed By	Date	Amount