The College of Saint Rose

Albany, New York

Masters of Science in Social Work Program Tuition Discount Application for Albany Medical Center or Saint Peter's Hospital Employees

Students enrolled in the Masters of Science in Social Work Program, who are employed by either Albany Medical Center or Saint Peter's Hospital, are eligible for a 20% tuition discount for graduate courses taken at The College of Saint Rose. 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 and/or scholarships. 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 <u>not</u> be accepted more than ten days after the first day of classes. This 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 (518) 458-5464, or to bursar@strose.edu.

(Student should complete t	this section)			
Student Name		Stud	ent ID Number	-
Email Address		Dayt	ime Phone Number	_
Semester/Year		Emp	loyer	_
Student Signature		Date		
(Student should have their	Human Resources Offi	ce complete this	section)	
is currently an employee of				
(Name of Student)			(Name of Employer)	
Signature of Human Resources Representative		Date		
Print Name of Human Resources Representative				Phone Number
(For Office Use)				
Form Receipt Date Initials				
Processed By	 Date	 Amount		