Tuition Discount Application for
Ellis Medicine Employees

Students enrolled in a master’s level or certificate of advanced study program, who are employees of Ellis Medicine, are eligible for a 20% tuition discount for graduate courses taken at The College of Saint Rose. This application, which includes employment verification, must be completed and submitted by the student or by the student’s employer each semester to the Bursar’s Office. The tuition discount applies towards tuition only, and may not be combined with other College-sponsored tuition discount programs and/or aid. This discount applies only to the current semester, and will not apply to any prior or future semesters. The discount does not apply to students registered in the CAS Special Education or TESOL programs.

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 Ellis Medicine employee. (Name of Student)

Signature of Human Resources Representative  Date

__________________________________________
Print Name  Title  Phone Number

(For Office Use)

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Form Receipt Date/(Initials)  Processed By  Date  Amount