New York Medical College

APPLICATION FOR GRADUATE SCHOOL
TUITION REMISSION
FOR EMPLOYEE/SPOUSE/DEPENDENT

NAME OF EMPLOYEE:_____

EMPLOYEE NUMBER:_____DATE OF HIRE:_____

DEPARTMENT:_____LOCATION:_____

NAME OF APPLICANT:_____

RELATIONSHIP: SELF SPOUSE DEPENDENT CHILD

(CHECK ONE) ☐ ☐ ☐

PROGRAM:_____DEGREE: M.S._____
M.P.H._____
NON-MAT:_____

SEMESTER OF FIRST REGISTRATION:_____TOTAL CREDITS EARNED:_____

NUMBER OF CREDITS CURRENT SEMESTER:_____

☐ FALL, 20___ ☐ SPRING 20___ ☐ SUMMER 20___

SIGNATURE:_____ DATE:_____

(OFFICE USE ONLY)

EMPLOYEE STATUS: REG FULL-TIME:☐ REG PART-TIME:☐ HRS PER WEEK_____

EMPLOYEE/SPOUSE/DEPENDENT STATUS:_____
(APPROVAL OF HUMAN RESOURCES)