

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)
