



**APPLICATION FOR 33% TUITION REDUCTION**

Apply Tuition Reduction to  Fall  Spring  Summer \_\_\_\_\_ Yr.

<b>LAST NAME</b>	<b>FIRST NAME</b>
<b>ID NUMBER</b>	<b>PHONE NUMBER</b>
<b>DEPT/SCHOOL</b>	
<b>MAILING ADDRESS</b>	
<b>DEGREE EARNED</b>	<b>COLLEGE/UNIVERSITY</b>
<b>DATE DEGREE CONFERRED</b>	

**CHECK ONE OF THE FOLLOWING:**

- I am working on a second undergraduate degree in the \_\_\_\_\_ program.
- I am a full-time teacher. *(local area)*
- I am a full-time employee at a local business. *(Complete local business information on reverse.)*
- I am applying for the retired person tuition discount.
- I am fulfilling prerequisites for a Masters in \_\_\_\_\_.

**COURSES TO BE CONSIDERED FOR TUITION REDUCTION:**

COURSE NUMBER	COURSE NAME	COLLEGE/SCHOOL	NUMBER OF CREDITS
<b>TOTAL</b>			

**STUDENT CERTIFICATE OF ELIGIBILITY:**

*I certify that I have earned a Bachelor's degree from Andrews University or another accredited University (attach proof of first degree) and have applied for admission to Andrews University. I understand that this special tuition rate is applicable where space is available and where hiring of new faculty or staff is not required. I further understand that the deadline for this tuition reduction is two weeks after the beginning of the new semester that the tuition reduction is requested. I understand that the reduction applies to tuition only. The reduction does not apply to laboratory fees, surcharges for applicable courses, private music or flight lessons, independent study or reading courses, student teaching, CIE courses, or international languages taught as prerequisites for advanced degrees and courses taken off campus.*

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**AUTHORIZATION SIGNATURES & OFFICE PROCESSING**

**FOR LOCAL BUSINESS EMPLOYEES**—(to be completed by employer)

BUSINESS NAME:	
SUPERVISOR NAME:	
BUSINESS ADDRESS:	
EMAIL:	
WORK PHONE:	
FAX NUMBER:	
<i>I hereby verify that the local business listed above has annual sales of at least \$100,000.00 and that the applicant/employee works full-time for the local business.</i>	
SIGNATURE	DATE

↳ **ACADEMIC ADVISOR:** \_\_\_\_\_ (printed name)

APPROVED

DENIED

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

↳ **DEPARTMENT CHAIR:** \_\_\_\_\_ (printed name)

APPROVED

DENIED

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

↳ **ACADEMIC DEAN:** \_\_\_\_\_ (printed name)

APPROVED

DENIED

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICE USE ONLY** \_\_\_\_\_

↳ **STUDENT FINANCIAL SERVICES:** \_\_\_\_\_ (printed name)

ENTERED-DATE \_\_\_\_\_

DETAIL CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_