



# Tuition Discount Form

## Student Information

Student Name: \_\_\_\_\_  
 Student UID: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_

Student Status:  Undergraduate  Graduate  
 Full-time  Part-time  
 Semester:  Fall  Spring  
 Intersession  Summer  
 Year: 20\_\_ - 20\_\_  
 Program: \_\_\_\_\_

Name of Sponsoring Company/Organization: \_\_\_\_\_

Student's Employment Status:  Full-time  Part-time Student's Hire Date: \_\_\_\_\_ N/A:  \*

\* If the student is a dependent, indicate employee name: \_\_\_\_\_

- ✓ Discounts are available based on terms negotiated with the sponsoring company/organization and apply only to direct tuition charges; students will be invoiced for fees, room, board and remaining tuition charges.
- ✓ A student who is eligible to receive an RIT tuition waiver benefit is not eligible to also receive a tuition discount.
- ✓ Full-time matriculated students are expected to apply for New York State's Tuition Assistance Program (TAP). Application information is available at RIT's Office of Financial Aid and Scholarships.
- ✓ A student who is eligible for tuition assistance through his/her employer should apply for that benefit.
- ✓ The combined value of the tuition discount, TAP award and any employer-provided tuition assistance will not exceed the amount of the tuition; this benefit may impact the student's financial aid package.
- ✓ The discount is not available for on-line courses as these courses are already offered at a discounted rate.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Sponsoring Company/Organization Certification

% Discount: \_\_\_\_\_ Eligible Classes:  Undergraduate  Graduate  
 Required employment status:  FT  PT Credit hours eligible: \_\_\_\_\_  all  
 Required length of service: \_\_\_\_\_

I certify that the student named above meets eligibility criteria established in the negotiated agreement between RIT and the sponsoring company/organization.

Name of Company/Organization Representative: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## RIT Certification

I certify that the above information complete and accurately reflects the agreement between RIT and the sponsoring company/organization.

Name of RIT Representative: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Account to Debit

- 01.01000.50 .10.00000.00000 RIT Central - revenue offset
- 01.01000.75 .35.00000.00000 RIT Central - purchased service expense
- . \_\_\_\_\_ .50 . . .00000 Department - revenue offset
- . \_\_\_\_\_ .75 . . .00000 Department - purchased service expense

*Return completed form to Student Financial Services*

For SFS use only: \_\_\_\_\_ Completed By: \_\_\_\_\_ Date: \_\_\_\_\_