



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.
- Qualified employees and dependents enrolled in eligible RIT Online programs will receive the discount off the standard on-campus tuition rate. The tuition discount (50% or 30%) cannot be combined with the RIT Online tuition 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: _____