

**THE AMERICAN UNIVERSITY OF PARIS
REQUEST FOR TUITION ABATEMENT
(Employee)**

Employee name _____

Student ID Number _____

I request permission to enroll in (course number) _____

During the _____ semester

Class schedule (Day and period) _____

RECOMMENDATION OF THE DEPARTMENT

(to be completed by the administrative supervisor or the faculty department chair)

Name of Supervisor _____

Recommendation

Accept

Refuse

Signature _____

Date _____

AUTHORIZATION TO REDUCE TUITION FEES

(to be completed by the Tuition Abatement Committee)

Enrollment and abatement of tuition fees is authorized in accordance with policy:

Discount rate (please cross out)

25%

50%

100%

Name of signatory _____

Signature _____

Date _____