

**THE AMERICAN UNIVERSITY OF PARIS
REQUEST FOR TUITION ABATEMENT
(Spouse or child of an employee)**

Student's name _____

ID Number _____

Date of Birth _____

Name of employee (parent of the student) _____

Program in which the student is enrolled (please cross out) Undergraduate Graduate

AUTHORIZATION TO REDUCE TUITION FEES (to be completed by Human Resources)

I hereby authorize abatement of tuition fees in accordance with policy:

Semester authorized _____

Discount rate (please cross out) 25% 50% 100%

Name of person authorizing abatement _____

Signature _____

Date _____