



The American
University
of Paris

REQUEST FOR TUITION ABATEMENT Child or Spouse of Employee

Student Name _____

Student ID Number _____

Date of Birth _____

Program in which student is enrolled (please circle) Undergraduate Graduate

Name of Employee _____

Relationship to Student _____

AUTHORIZATION TO REDUCE TUITION FEES

(to be completed by Human Resources)

Abatement of tuition fees is authorized in accordance with policy.

Semester authorized _____

Discount rate (please circle) 25% 50% 100%

Name of signatory _____

Signature _____

Date _____