



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 & period) \_\_\_\_\_

Are you interested in taking this course:                      Audit                      Graded

### RECOMMENDATION OF THE DEPARTMENT

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

Name of Supervisor \_\_\_\_\_

Recommendation:                      Accept                      Refuse

Is your employee currently in training?                      Yes                      No

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 circle)                      25%                      50%                      100%

Name of signatory \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_