

Tuition Waiver Award Form

For Summer 2019 enrollment, please submit this application no later than 5/1/2019.

Student Information

Student Name _____	EMPLID # _____
NYU ID # N _____ (required)	Phone _____
Home Address _____	City, State, Zip _____
E-mail _____	
Facility / Hospital _____	
Address / Room _____	City, State, Zip _____
Work E-mail _____	Phone _____

Course

ID Number	Title	Points	Semester	Year

School

- | | |
|---|--|
| <input type="checkbox"/> Steinhardt
steinhardt.gradadmissions@nyu.edu | <input type="checkbox"/> S.C.P.S
scps.admissions@nyu.edu |
|---|--|

Approval

Tuition-free courses must be taken within one calendar year from the end of the term in which the supervised student was registered.

Student Signature	Print Name	Date
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I certify that _____ is eligible and has my authorization to use this tuition credit award. I understand that no other rehabilitation or education professional is eligible (except in a situation where the direct supervisor is not an occupational therapist).

Manager Signature	Print Name	Name(s) of Student(s) Supervised
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DISCLAIMER: THIS WILL BE COMPLETED BY EDUCATIONAL AFFILIATES PROGRAM ADMINISTRATOR

Approval Signature of Cindy Mejia, Educational Affiliates Program Administrator:

 Cindy Mejia
 Educational Affiliate Administrator
 Department of Occupational Therapy
 82 Washington Square East, 6th Floor | New York, New York 10003
 212-998-5821 | 855-877-6005 (fax) | cindy.mejia@nyu.edu

For Steinhardt: Register for your course(s) before submitting this form to the address below.
For SCPS: Get this form signed by Cindy Mejia prior to registering at the address below.