

# 20% Tuition Discount

Please submit this tuition discount form after registering for classes each term, while also paying your portion of tuition and fees to Tulane Accounts Receivable in a timely fashion. The discount applies only to SoPA students taking SoPA classes, as indicated on the Tulane official Schedule of Classes.

**This form must be submitted each semester\*. Forms are due no later than one week after the first day of class.**  
**Students are responsible for reviewing their Accounts Receivable statement to verify that the credit has been applied to their account.**

Student ID Number: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone #: (\_\_\_\_) \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_ Age: \_\_\_\_\_  
 Discount for Term:  fall  spring  summer Year: \_\_\_\_\_  
 Discount for Degree:  undergraduate  graduate  
 Student's Signature: \_\_\_\_\_ Tulane Email Address: \_\_\_\_\_

- Full-time pre-K through 12th grade teachers and paraprofessionals including classroom assistants and assistant teachers  
(attach a letter from your Principal verifying current position)
- Age 60 and over (attach a copy of driver's license or state ID)
- Active-duty military personnel or veteran  
military documentation verified:  ID  orders  DD214  DD1172  Copy of award letter indicating exhaustion of benefits  
by: \_\_\_\_\_
- Active and retired public safety personnel: firefighter, police officer, or paramedic (attach a graduation diploma from your academy)
- NLCU partnership referral for the MPA program
- Undergraduate or Associate degree conferred by a Minority Serving Institution. Undergraduate institution \_\_\_\_\_
- Phi Theta Kappa (PTK) members (must provide a copy of their certificate of PTK membership).
- Current SoPA Adjunct. Course teaching: \_\_\_\_\_

- Full-time Jefferson Parish employees (attach a copy of your employee ID and complete supervisor information below)
- Full-time Orleans Parish employees (attach a copy of your employee ID and complete supervisor information below)  
 Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Department: \_\_\_\_\_ Office telephone #: (\_\_\_\_) \_\_\_\_\_  
 Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Teachers, classroom assistants, and paraprofessionals must still submit a letter from their principal verifying employment.**

This form must be submitted by email to [sopazo@tulane.edu](mailto:sopazo@tulane.edu).

**for official use only**

by: \_\_\_\_\_  
 date: \_\_\_\_\_