Tuition Discount Form

Do not submit this form until after you have registered. Eligible students receive a 50% tuition discount. In order to avoid finance charges, you must submit your portion of tuition and fees to Accounts Receivable by the appropriate due date. This discount is valid only for School of Professional Advancement students taking classes listed in the School of Professional Advancement section of the Official Schedule of Classes. **Students enrolled in graduate degree programs are not eligible for a 50% tuition discount. Veterans participating in the post-9/11 Montgomery GI Bill are not eligible. Faxed copies are not accepted.**

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.

Please print or type all information

Student ID Number: _______________________ Date: ______________________

Name: ______________________________________________________________________________________________

Address: ____________________________________________________________________________________________

City: _________________________ State: ________ Zip:____________________

Home Phone #: (____) _______________ Work Phone #: (____) _______________

Discount for:        [ ] fall        [ ] spring        [ ] summer (May)        [ ] summer (June/July) Year: _________________________

Student’s Signature: ______________________________________ Tulane Email Address: ___________________________

[ ] Full-time pre-K through 12th grade teachers  (attach a letter from your Principal verifying current teaching position)

[ ] Senior citizens [60 and over]  (attach a copy of driver’s license or state ID)

[ ] Active-duty military personnel  (Army, Navy, Air Force, Marine Corps, Coast Guard)

   military documentation verified: [ ] ID  [ ] orders  [ ] DD1172  by: __________________________

[ ] 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: ______/______/_________

*discount applies only to non-teaching positions

This form may be submitted

to any School of Professional Advancement office.

for official use only

by: _________________________________
date: _______________________________