

RIT Finance & Administration Tuition Discount Form

Student Information

Student Name: _____
 Student UID: _____
 Email: _____
 Phone: _____

Student Status: Undergraduate Graduate
 Full-time Part-time
 *Semester: Fall Summer
 Spring Year: 20____

* A new form should be submitted for every semester

Degree Program: _____

Name of Sponsoring Company/Organization: _____

Student's Employment Status: Full-time Part-time Student's Hire Date: _____

If the student is a dependent, indicate employee name: _____

- Discounts are available based on terms negotiated with the sponsoring company/organization and apply only to direct tuition charges; students will be invoiced for fees, room, board and remaining tuition charges.
- A student who is eligible to receive an RIT tuition waiver benefit is not eligible to also receive a tuition discount.
- Full-time undergraduate matriculated students are expected to apply for New York State's Tuition Assistance Program (TAP). Application information is available at RIT's Office of Financial Aid and Scholarships.
- A student who is eligible for tuition assistance through his/her employer should apply for that benefit.
- The combined value of the tuition discount, TAP award and any employer-provided tuition assistance will not exceed the amount of the tuition; this benefit may impact the student's financial aid package.
- Qualified employees and dependents enrolled in fully online degree programs that qualify for the online tuition rate will receive the discount off the standard on-campus tuition rate. The tuition discount (50% or 30%) cannot be combined with the online tuition rate.
- Tuition discount is not available for the RIT Master of Architecture degree (online or on campus), classes offered by RIT Certified, or RITx courses or RITx MicroMasters through edX. Contact the EMBA program for tuition discount eligibility through <https://www.rit.edu/emba/>.

• Student Signature: _____ Date: _____

Sponsoring Company/Organization Certification

% Discount: _____ Eligible Classes: Undergraduate Graduate

Required employment status: FT PT Credit hours eligible: _____ all

Required length of service: _____

I certify that the student named above meets eligibility criteria established in the negotiated agreement between RIT and the sponsoring company/organization.

Name of Company/Organization Representative: _____ Title: _____

Signature: _____ Date: _____ Phone: _____ Email: _____

RIT Certification

I certify that the above information complete and accurately reflects the agreement between RIT and the sponsoring company/organization.

Name of RIT Representative: _____ Signature: _____ Date: _____

Account to Debit

- | | | | |
|--------------------------|-------------|--------------------|---|
| <input type="checkbox"/> | 01.01000.50 | .10.00000.00000 | RIT Central - revenue offset |
| <input type="checkbox"/> | 01.01000.75 | .35.00000.00000 | RIT Central - purchased service expense |
| <input type="checkbox"/> | . _____ | .5000000 | Department - revenue offset |
| <input type="checkbox"/> | . _____ | .7500000 | Department - purchased service expense |

Return completed form to Student Financial Services