OFFICE OF ENROLLMENT SERVICES
APPLICATION FOR THE DISCOUNTED TUITION REIMBURSEMENT AWARD
FALL 2016, SPRING 2017, & SUMMER 2017

Please read eligibility requirements in the Guidelines form before completing all requested information on this application. Incomplete forms will not be processed.

(PLEASE PRINT OR TYPE CLEARLY)

NAME: ____________________________________________ CAMPUS: _____________

Last First MI

PROGRAM: Extended MSW ________ Extended OYR ________ UID#: N____________ - _________ - _________

(Please check one) Non-Degree

I certify that I understand the guidelines and conditions of the Discounted Tuition Reimbursement Award Program. I also understand that I am responsible for adhering to the schedule of classes listed below. Any and all adjustments made to my schedule may affect my Discounted Tuition Reimbursement award. Termination of employment prior to the beginning of a semester renders me ineligible for this award. All awards are based upon final registration and are subject to change.

__________________________________________________________ Date: __________

Student Signature

________________________________________________________________________________________

This section to be completed by Agency Personnel

Agency Name ____________________________________________

Agency Address ____________________________________________ Telephone (_____)

Number and Street City State Zip Code

Name of Qualifying NYU Student in Field Placement (NOT the applicant) _______________________________________________

I hereby certify that the applicant is currently a Full-Time employee of our agency: _________________________________

Name of Agency Supervisor ____________________________________________ Date: __________________

Signature of Agency Supervisor ____________________________________________ Date: __________________

Please consult with your advisor before completing the following section.

Awards are allocated for the year based upon the course(s) that you select on this form. Please check (✓) the courses listed below that you plan to take for the 2016-2017 academic year. Once you have completed this form, there should be no changes made to your academic schedule. If you must change your schedule after submission of this form, you will be responsible for the additional tuition costs at the time of enrollment. Monetary adjustments (if applicable) will not be made until the end of the academic year.

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Name</th>
<th>Credits</th>
<th>Fall 2016</th>
<th>Spring 2017</th>
<th>Summer 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSWPF-GS 2003</td>
<td>Social Welfare Programs &amp; Policies I</td>
<td>(3.0)</td>
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<td>MSWPF-GS 2006</td>
<td>Human Behavior in the Social Env. I</td>
<td>(3.0)</td>
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<td>MSWPF-GS 2007</td>
<td>Human Behavior in the Social Env. II</td>
<td>(3.0)</td>
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<td>MSWPF-GS 2010</td>
<td>Diversity, Racism, Oppression, and Privilege</td>
<td>(3.0)</td>
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<td>MSWPF-GS 2001</td>
<td>Integrated Social Work Practice I</td>
<td>(4.0)</td>
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<tr>
<td>MSWPF-GS 2002</td>
<td>Integrated Social Work Practice II</td>
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<tr>
<td>MSWPF-GS 2009</td>
<td>Social Work Research I</td>
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<tr>
<td>MSWEL-GS XXXX</td>
<td>Elective course</td>
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<tr>
<td>MSWFD-GS 2100</td>
<td>Field Instruction I</td>
<td>EXT. MSW ONLY</td>
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<tr>
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<td>Field Instruction II</td>
<td>EXT. MSW ONLY</td>
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<tr>
<td>MSWEL-GS XXXX</td>
<td>Second Elective course</td>
<td>EXT. OYR ONLY</td>
<td>(3.0)</td>
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</tr>
</tbody>
</table>

Total # of Credits: Fall 2016 Spring 2017 Summer 2017

Advisor’s Signature: __________________________ Date: __________

________________________________________________________________________________________