



## CATHOLIC SCHOOL EDUCATOR TUITION WAIVER APPLICATION

(Return completed original form to the Kalmanovitz School of Education – Attention: Your Program Assistant)

**SAINT MARY'S COLLEGE WILL ALLOW FULL-TIME TEACHERS, ADMINISTRATORS AND COUNSELORS IN CATHOLIC K-12 SCHOOLS, COLLEGES, OR UNIVERSITIES (eff. Summer 2009) A 50% ALLOWANCE ON TUITION FOR UP TO SIX (6) GRADUATE UNITS IN THE KALMANOVITZ SCHOOL OF EDUCATION PER ACADEMIC YEAR (Summer through Spring).**

**THIS APPLICATION MUST BE RECEIVED PRIOR TO THE SEMESTER START DATE.**

**Note: Dissertation courses (EDAD 629 and 630) as well as thesis, synthesis and action research courses that are required for master's programs (EDUC 572, 575, 576, 577, 579, 582, 592 and MAIT 404) are excluded. In addition, anyone enrolled in an already discounted program will not be eligible for this waiver.**

*(Print or type)*

Name: \_\_\_\_\_  
Last First M.I. Program

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Day Evening Social Security Number

Employed by: \_\_\_\_\_

City: \_\_\_\_\_ Diocese: \_\_\_\_\_

Term. & year of waiver application \_\_\_\_\_ Number of units claimed for waiver \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I hereby certify that the above-named student was a full-time teacher/administrator/counselor the past year in the above-listed Catholic school or has a contract for such service in the coming year.**

\_\_\_\_\_  
Employer's Signature Date Position

### FOR OFFICIAL USE ONLY

**KSOE Associate Dean:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Business Office authorized signature:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

cc: V. Nicosia, Student