Individuals requesting a tuition discount under University General Order No: 20-104, must complete this form and submit it to the Dean of their school for final approval. ATSU employees requesting the tuition discount must also obtain the approval signature of their supervisor, prior to submitting the form to the Dean.

Student Name ___________________________ email address ___________________________
Academic Program ___________________________ Expected Start Date ___________________________

Arizona School of Health Sciences

_____ Advanced Physician Assistant
_____ Advanced Occupational Therapy
_____ Doctor of Occupational Therapy
_____ Doctor of Athletic Training
_____ Transitional Audiology (TAUD-Distance)
_____ Transitional Doctorate of Physical Therapy (TDPT)

College of Graduate Health Studies

_____ Doctor of Education
_____ Doctor of Health Administration
_____ Doctor of Health Education
_____ Doctor of Health Sciences
_____ Master of Health Administration
_____ Master of Public Health
_____ Master of Public Health Dentistry
_____ Master of Kinesiology

I attest I qualify for the ATSU ONLINE degree program discount because I am a:

- Residential student dually enrolled in an online degree program (20% discount on online classes only)
  - Residential program ___________________________
  - Online Program ___________________________
- Full-time ATSU employee seeking a degree—50% discount (requires supervisor approval)
  - Employee name: ___________________________
  - Employee department: ___________________________
- Full-time employee’s legally recognized spouse or child (20% discount)
  - Employee name: ___________________________
  - Employee department: ___________________________
- Graduate of an ATSU degree program (20% discount)
  - Program graduated from: ___________________________
  - Graduation date: ___________________________
- Spouse of a student enrolled in an ATSU residential degree program (20% discount)
  - Spouse’s name: ___________________________
  - Spouse’s program: ___________________________
I hereby acknowledge and understand the provisions written into this policy including:

- I must maintain the stated academic standards of my program.
- The discount will not be applied to any course that is repeated and I will notify the Controller’s Office, Studentaccounts@atsu.edu when I am required to repeat a course.
- If I am eligible through an employee or as an employee, the discount becomes invalid if the employee’s job is terminated by either the employee or University.
- If I am eligible through an employee or as an employee, I understand that all tuition discounts are considered to be federal and state taxable wages by the IRS. The discount amount will be included on the employee’s annual W-2 form.
- If I am eligible through a residential student, the spouse discount becomes invalid if the student separates from the program through graduation or any other separation arrangement, regardless of the initiating party.
- If I am eligible as a graduate of ATSU, I must have graduated from a degree program within the university prior to the start of my first quarter in the program a discount is being requested.
- This document is required at least four weeks prior to the start of the quarter in which a discount is being requested.
- The tuition discount request must be renewed each academic year.

Applicant signature: __________________________ Date: __________________________

Supervisor signature (if applicable): __________________________ Date: __________________________

Signature of Dean of School you are applying to: __________________________ Date: __________________________

Routing instructions:
Applicant-complete form and forward to Dean
Dean-complete and forward to Controller’s Office.
Fax to: Arizona School of Health Sciences, Dean’s Office, 480.219.6110 (or)
College of Graduate Health Studies, Dean’s Office 660.626.2826
Controller’s Office 660-626-2483