

Tuition Discount Request – Online Programs/Courses

Individuals requesting one of the following tuition discounts under ATSU Policy No. 20-104 must complete this form, and submit it to the appropriate dean’s office 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 appropriate dean’s office.

Due date: for existing students, each year of enrollment on May 15
 for new students, six (6) weeks before the start of class

Applicant Name	Email
Desired Academic Program	Expected Start Date
Arizona School of Health Sciences Advanced Physician Assistant <input type="radio"/> Advanced Occupational Therapy <input type="radio"/> Doctor of Occupational Therapy <input type="radio"/> Doctor of Athletic Training <input type="radio"/> Transitional Audiology (TAUD-Distance) <input type="radio"/> Transitional Doctorate of Physical Therapy (TDPT) <input type="radio"/> Physical Therapy (non-degree seeking) <input type="radio"/>	College of Graduate Health Studies Doctor of Health Administration <input type="radio"/> Doctor of Health Education <input type="radio"/> Doctor of Education in Health Professions <input type="radio"/> Doctor of Health Sciences <input type="radio"/> Master of Health Administration <input type="radio"/> Master of Public Health <input type="radio"/> Master of Public Health – Dental Emphasis <input type="radio"/> Master of Kinesiology <input type="radio"/>

I attest I qualify for the ATSU online degree program/courses discount because I am a:

Residential student dually enrolled in an online degree program/course (20% discount on online classes only)

Residential program:

Online program:

ATSU employee seeking a degree/course—50% discount (requires supervisor approval)

Employee name:

Employee department:

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:

Legally recognized spouse of a student enrolled in an ATSU residential degree program (20% discount)

Spouse's name:

Spouse's program:

Preceptor in an ATSU degree program (20% discount)

Preceptor's name:

Preceptor's program:

Student, employee, or member of ATSU-CGHS partner organization (CGHS programs only)

Partner organization:

Partner organization phone/email:

Membership ID (if applicable):

Membership valid until:

Membership renewal date:

I hereby acknowledge and understand the provisions written into this policy including:

- I must maintain the stated academic standards of my program/courses.
- Discount will not be applied to any course that is repeated, and I will notify the ATSU Controller's Office at controllers@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 ATSU.
- If I am eligible through an employee or as an employee, I understand 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.

Applicant Signature Date

Supervisor Signature (if applicable) Date

Dean Signature Date

Routing instructions:

Applicant – complete form and return to dean.

Dean – complete and return to Controller's Office.

Arizona School of Health Sciences, Dean's Office – phone: 480.219.6009, fax: 480.219.6110

College of Graduate Health Studies, Dean's Office – phone: 480.219.6008, fax: 660.626.2826

Controller's Office – fax: 660.626.2483, email: controllers@atsu.edu