



TUITION REDUCTION FORM FOR AULTMAN COLLEGE OR SCHOOL OF NURSING ALUMNI

Purpose:

To provide tuition reduction program for alumni consistent with the needs of Aultman College.

Eligibility:

1. Aultman College or Aultman School of Nursing alumni must be accepted into the Aultman College RN-BSN Completion program and meet all admission requirements.
2. Alumni must return the signed Tuition Reduction Program form to Aultman College no later than the end of the add/drop period of their initial entrance term/semester.
3. The completed form must be signed by the Registrar to confirm graduation from Aultman College or the Aultman School of Nursing.
4. Alumni receiving scholarships in which 100% of tuition and fees are paid in full are ineligible for the Tuition Reduction Program.

Approval of Funds:

Process

1. To receive the Aultman College Aultman Alumni tuition reduction, Aultman alumni must complete and submit the Tuition Reduction Program form along with their current class schedule to the Financial Aid Department no later than the end of the add/drop period of their initial entrance term/semester.
2. Registrar must verify and sign the Tuition Reduction Program form prior to the end of the drop/add period of the initial entrance term/semester.
3. The Financial Aid Administrator will review and process the form the week after the 25% refund period, as appropriate.
4. Tuition Reduction amounts are approved by the president of Aultman College and are subject to change.

Program Guidelines

Tuition will be reduced 25% (not including semester fees) the week after the 25% refund period (see the academic calendar for dates each term and/or semester).



**TUITION REDUCTION FORM
FOR AULTMAN COLLEGE OR SCHOOL OF NURSING ALUMNI**

To be completed by Aultman College or School of Nursing Alumni:

Student's Name: _____ SS#: _____

Previous Name (if applicable): _____

Graduation Date: _____ Degree: _____

Address: _____

Email: _____ Projected Graduation Date: _____

By signing below, I am confirming that I am an alumni of Aultman College or Aultman Hospital School of Nursing.

Signature of Alumni

Date

To be completed by the Registrar

Alumni Name: _____

Graduation Date: _____ Program: _____

Signature of Registrar

Date