



## Learning Partnership Tuition Discount Form

Employee Name: \_\_\_\_\_

I certify that \_\_\_\_\_ is an employee of \_\_\_\_\_  
and is eligible for Learning Partnership benefits at Athens State University.

Certifier Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

Student Name (if other than Employee): \_\_\_\_\_

Student ID #: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Term/Year to attend: \_\_\_\_\_

Waiver requested for:

Application Fee \_\_\_\_\_ 10% Tuition Discount \_\_\_\_\_ Both \_\_\_\_\_

*Note: Please email completed form to [kelly.leigeber@athens.edu](mailto:kelly.leigeber@athens.edu).*

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

### Athens State University Use Only

Total Charges: \_\_\_\_\_

Tuition: \_\_\_\_\_

Waiver: \_\_\_\_\_

Amount Due: \_\_\_\_\_