Community College of Philadelphia
Returning to Learning Partnership
City of Philadelphia Employee Tuition Discount Request Form

- Applicant must be a current City employee enrolled in a credit degree or credit certificate program at the College. Eligible programs are listed on this page of the College website: http://ccp.edu/academic-offerings/all-offerings
- This benefit is only for the city employee; it does not include spouse or other dependents. Additionally, State or School District employees are not City of Philadelphia employees and do not qualify for this discount.
- Applicant must complete the College Admissions Application online at www.ccp.edu and follow all enrollment procedures.
- Applicant must complete and submit this form each semester they wish to be considered for the discount. You may email, fax, mail or hand deliver this form per the options listed at the bottom of the page.
- Upon approval, applicant is eligible for a discount of twenty-five (25%) on only the tuition rate (excluding fees) for each credit degree or credit certificate program course. Discount is effective the business day following approval notification. Approval notification is made by email.
- This benefit is not retroactive.
- Processing takes a minimum of 7 business days. This form should be submitted as early as possible and prior to payment deadline for the semester to avoid having your classes dropped for non-payment.

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<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Date of Birth</th>
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<th>Address</th>
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<th>Primary Phone/Type</th>
<th>Alternate Phone/Type</th>
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<tr>
<th>Position title</th>
<th>Philadelphia City Department</th>
<th>City Employee Number (6 digits)</th>
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Please indicate ONLY ONE semester and YEAR for this form. Use separate forms for each semester.

Fall 20________
Winter 20______(continuing students only)
Spring 20______
Summer 20______(both parts of summer are considered as one semester)

Student ID Number: J________________________

I affirm that all the information given by me is true to the best of my knowledge. I understand that falsification of information is perjury and may be grounds for dismissal. I have no intention to willfully defraud the College or its sponsoring agencies.

Signature_________________________________ Date________________________

Mail or hand deliver to:
Community College of Philadelphia
1700 Spring Garden Street
Welcome Center, Pavilion Bldg. P1-05 Attn: R2L
Philadelphia, PA 19130-3991

Email as an attachment to: ReturnToLearn@ccp.edu
Fax: 215-496-6186
For additional assistance email:
ReturnToLearn@ccp.edu or contact Program Manager:
Diane Kae, 215-751-8799

Revised 01_03_17