

**Elisabeth Haub School of Law at Pace University  
Center for Continuing Legal Education**

**Full/Partial CLE Tuition Waiver Application**

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Year Admitted To New York Bar: \_\_\_\_\_

CLE Program Title: \_\_\_\_\_

\_\_\_\_\_

(Full/Partial waivers are available ONLY for live and webcast CLE programs)

Please read the Financial Hardship Policy.

This is a request for a FULL or PARTIAL CLE Tuition Waiver. (Please circle one.)

**FULL**

**PARTIAL**

Personal Annual Income: \$ \_\_\_\_\_

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

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

\_\_\_\_\_  
Print Name

Please return this Application at least 10 days prior to the CLE course registration deadline.