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 choose 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.