

**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.