



# COLLEGE STUDY ABROAD PROGRAM DISCOUNT

Employee - Please complete the information in the first section below.

Program Name _____			
Program Attendee _____	Relationship to Employee (if applicable) _____	Program Term _____	Home School _____
Employee Name _____	Employee Signature _____	Date _____	

CIEE program discounts are available to employees and their dependent family members (spouse/legal partner/children). You must have worked for CIEE for a minimum of one year before you are eligible.

Please provide your date of hire:

For Finance Use:

___ Approved -	Full Program Cost _____	Discounted Program Cost: _____
___ Denied (reason: _____)		
Finance Team Member Name _____	Finance Signature _____	Date _____