



ASSUMPTION  
COLLEGE



### CCELP Authorization Form

This document attests to the fact that \_\_\_\_\_  
is an employee of the University of Massachusetts Medical School, and is eligible to participate in the  
*University of Massachusetts Medical School/ Continuing & Career Education at Assumption College  
Education Partnership (CCELP)* program.

#### Tuition and Fees:

- Continuing & Career Education at Assumption College will offer AS/BA, AS/SS, AA/H, BBA, BS/SS, and BS/HSRS, BA/H undergraduate courses to The University of Massachusetts Medical School employees for 75% of the established Continuing Education tuition.
- In addition to tuition, all students will pay a \$20 registration fee per term. If there is a laboratory or materials fee for a particular course, students must pay this as well. These fees are not discounted and must be paid at the time of registration.
- Students are expected to bear the full cost of any textbooks and other materials required by each course.
- Refunds for students who drop a course will follow the schedule posted on the CCE web site.
- Students whose employment with UMMS ends are no longer eligible for this tuition discount program. They may complete the course in which they are already enrolled. If they are already matriculated into the AS/BA, AS/SS, AA/H, BBA, BS/SS, and BS/HSRS, BA/H degree programs, they may then complete the program as a regular Assumption College Continuing Education student at the full tuition rate.
- If this agreement between Assumption College and UMMS/HR is terminated, the employee will be able to complete the degree program at the 75% tuition rate.
- All other Center for Continuing & Career Education tuition and fee policies and schedules apply unless otherwise noted.
- All Center for Continuing & Career Education degree application, matriculation, academic requirement rules and policies apply (see web site for policies and details).

I am an employee of The University of Massachusetts Medical School.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

I am authorized as a designate of UMMS/HR to verify the employment status of the above signatory and can state that they are a University of Massachusetts Medical School employee.

\_\_\_\_\_  
Signed by authorized UMMS/HR Representative

\_\_\_\_\_  
Date