**Student Information**

Student Name:

Student ID:

|  |  |
| --- | --- |
| [ ] School of Business | [ ] School of Education |

**Discount Information**

[ ] **University Partner**:

 Discount:      %

[ ] On-site – Location:

[ ] Employee

[ ] Spouse/Partner

[ ] Community College Transfer Student

[ ] **Military Status**

Branch:

[ ] Active – Date Range:       -

[ ] Veteran – Chapter:

[ ] **Scholarship/Award**

[ ] Discount:      %

##  Total discount:      %

##  Discount code:

**Student Responsibility**

I understand that discounts are not retroactive and will be applied to the first billing cycle after this form is signed. I also understand that it is my responsibility to notify my Student Services Manager if my eligibility for this and/or other partner discounts changes at any time.

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##  OFFICE USE ONLY

##  Proof of discount provided (attach copy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##  Tuition discount approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_