**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_