

APPLICATION FOR GRADUATE TUITION DISCOUNT

URSULINE COLLEGE FINANCIAL AID OFFICE

This form must be completed and submitted to the Student Service Center or the Office of Financial Aid at the beginning of **EACH ACADEMIC YEAR**. Discount forms submitted after a semester ends cannot be processed for that semester.

PLEASE PRINT:

Name _____ Date ____/____/____
Last First MI

Student ID # or SSN _____ Graduate Program _____

Credit Hours you plan to take: _____ - _____ Academic Year

_____ Fall Semester _____ Spring Semester _____ Summer Semester

Address: _____

City, State, Zip: _____

REASONS FOR DISCOUNT

(**ALL** discounts require verification from supervisor, principal, or pastor.)

Masters in Ministry Program

_____ School Teacher - - School _____

_____ Working Part/Full-Time in Pastoral Ministry in a Catholic Diocesan Institution
(Including Religious Education)

_____ Accepted into a Ministry Certification Program

Masters in Liberal Studies Program

_____ School Teacher - - School _____

_____ Working Part/Full-Time in a library

_____ Ursuline Nuns of Cleveland (*No Verification Required*)

SEE REVERSE SIDE FOR VERIFICATION

