APPLICATION FOR GRADUATE TUITION DISCOUNT

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 will not be processed for that semester.

Please Print:

___________________________________________________________________
Last Name ____________________________________________________________________________ MI ___________ Date _____________
First Name

Student ID # ____________________ Graduate Program ____________________________________________

Credit hours you plan to take during the ________ - ________ Academic Year:

_____ Fall Semester _____ Spring Semester _____ Summer Semester

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 ________________________________________________________________

_____ Librarian - - Library ________________________________________________________________

Other

_____ Ursuline Nuns of Cleveland (No Verification Required)

SEE REVERSE SIDE FOR VERIFICATION
VERIFICATION FOR TUITION DISCOUNT

To be completed each academic year by your supervisor, pastor, or principal.

I certify that ________________________________ is employed by ________________________________
(Student’s Name)                                                                                   
                                                                                                     
______________________________________________________________________________________________
for the _____/____ academic school year.

_____________________________     _____/_____/_____
Signature of Supervisor/Pastor/Principal                              Date

______________________________________________________________________________________________
Please Print Name

Parish/School/Library

________________________________________________________________
Address

________________________________________________________________
City                          State                          Zip

(__________)__________-___________
Telephone Number

All forms must be submitted directly to the Student Service Center (Mullen 203) at the beginning of each academic school year, prior to the start of the semester you are attending. Discount forms submitted after the semester ends will not be processed for that semester. Notification must also be given if you add or drop courses.

Return form to:

URSULINE COLLEGE
FINANCIAL AID OFFICE
2550 LANDER ROAD
PEPPER PIKE, OHIO 44124
P 440 646 – 8309
F 440-684-6114

Office of Financial Aid
2550 Lander Road         Pepper Pike, Ohio 44124         P 440 646 8309         F 440 684 6114         ursuline.edu