Ursuline College

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 First Name MI Date

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 Liberal Studies Program

_____ School Teacher - - School _____

_____ Librarian - - Library _____

Ursuline Sisters

_____ 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