



## TUITION DISCOUNT REQUEST FORM

### REQUESTING STUDENT (who is receiving discount)

**NAME:** \_\_\_\_\_ **STUDENT ID#:** \_\_\_\_\_  
 Last First Middle

### DISCOUNT CATEGORIES: Please check one.

- |  |   |
|--|---|
| <input type="checkbox"/> ALUMNI                  | <input type="checkbox"/> STAFF            |
| <input type="checkbox"/> DIRECT FAMILY OF ALUMNI | <input type="checkbox"/> SPECIAL DISCOUNT |
| <input type="checkbox"/> DIRECT FAMILY MEMBERS   |   |

### DISCOUNT RATE

**DIDACTIC COURSES:** \_\_\_\_\_ % **INTERNSHIP/CLERKSHIP:** \_\_\_\_\_ %

**PERIOD OF DISCOUNT:** ☐ Entire Period of Study ☐ Selective Period: \_\_\_\_\_

**IMMEDIATE FAMILY MEMBER, IF APPLICABLE Relationship:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **STUDENT ID#:** \_\_\_\_\_  
 Last First Middle

**REFERRING ALUMNI, IF APPLICABLE Relationship:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **STUDENT ID#:** \_\_\_\_\_  
 Last First Middle

### PROOF OF RELATIONSHIP DOCUMENT SUBMITTED:

- |  |   |
|--|---|
| <input type="checkbox"/> BIRTH CERTIFICATE | <input type="checkbox"/> FAMILY CENSUS REGISTRATION |
| <input type="checkbox"/> MARRIAGE LICENSE  |   |
| <input type="checkbox"/> OTHER: _____      |   |

*I hereby acknowledge that I have read and understood the South Baylo University Tuition Discount Policy (6105-TUITION DISCOUNT). I understand that to maintain eligibility, I must pay a one-time processing fee of \$50.00, maintain full-time student status, meet Satisfactory Academic Progress (SAP) requirements, and demonstrate professional behavior. I acknowledge that I can only receive one type of tuition discount at a time, and that the discount will only take effect after my Tuition Discount Request Form is approved. I understand that the university reserves the right to terminate the discount if I cause damage to the school, or to modify/cancel the discount plan with 60 days written notice. I agree to comply with all terms and conditions of the tuition discount policy.*

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### OFFICE USE ONLY BELOW

ADMISSIONS OFFICER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FINANCE OFFICER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_