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TUITION DISCOUNT REQUEST FORM

REQUESTING STUDENT (who is receiving discount)

NAME: _____ **STUDENT ID#:** _____
 Last First Middle

DISCOUNT CATEGORIES: Please check one.

- ALUMNI STAFF
 DIRECT FAMILY OF ALUMNI SPECILA DISCOUNT
 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:

- BIRTH CERTIFICATE FAMILY CENSUS REGISTRATION
 MARRIAGE LICENSE
 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 _____