

VERIFICATION OF TUITION DISCOUNT FORM

Student's Name: _____ ID Number: _____

I AM ELIGIBLE FOR THE FOLLOWING MASTER'S LEVEL TUITION DISCOUNT:

- ___ 10 % Full-Time Teacher
- ___ 10 % Full-Time Early Childhood Educator
- ___ 10 % CHC Alumni Discount (alums of SGS, SUS, and SCPS)
- ___ 20 % Full-Time Church Affiliated Ministry
- ___ 25% Returning to Learning Partnership (and PHA partnership)
- ___ 50 % SSJ Institutional Employee (Norwood and Mt. St. Joseph Academy only)

Student Signature

Date

- This form must be accompanied by a letter (on official letterhead) from a principal or supervisor verifying your employment OR a copy of your contract with salary blacked out.
- Discounts apply only to Master's level courses - ONLY ONE DISCOUNT APPLIES.
- This form is to be completed every academic year, which runs Fall through Summer. Due dates are:

Fall Term: August 28, 2015
Spring Term: January 15, 2016
Summer Term: May 20, 2016

Forms that are submitted late will not be accepted

- Please fax, mail, e-mail, or hand-deliver this form and supporting documentation

Graduate School Representative Signature

Date

Return to: School of Graduate Studies, St. Joseph Hall, 3rd Floor, Room 378 or Fax to 215.248.7161 or E-Mail to gradschool@chc.edu