School of Graduate Studies

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

9601 Germantown Avenue  Phone: 215.248.7170  E-Mail: gradschool@chc.edu
Philadelphia, PA 19118  Fax: 215.248.7161  Website: www.chc.edu