SEMESTER: _____

YEAR: _____

50% of Tuition

NOTRE DAME OF MARYLAND UNIVERSITY

CATHOLIC SCHOOLS DISCOUNT
VERIFICATION OF ELIGIBILITY

SS # or Student ID #_____ Name _____
Last *First*

Address _____
Street/PO Box *City* *State* *Zip code +4*

Contact _____
Home Phone *Work Phone* *E-mail*

Check one: ☐ College of Adult Undergraduate Studies ☐ Graduate/PhD

Terms of Discount

1. I understand that the discount applies only to tuition and not to the registration fee or course specific fees.
2. I understand that I am responsible for the full amount of tuition if I do not return this form by the first week of the term.
3. I understand that this form must be completed each term to show continued employment at a catholic school.
4. I understand the discount will be adjusted if there is a change to my registration.
5. Catholic Schools Discount Only: I agree that it is my obligation to pay the discounted amount of the tuition and fees and hereby promise to pay the full amount.
6. I am aware that if I am in a sponsorship cohort I will not receive additional discounting.

By signing below, I certify that I have read and fully understand the terms listed above. In addition, all my questions have been answered to my satisfaction.

_____ _____
Student Signature *Date*

To Be Completed by Employer *(Please print)*
The student named above is currently employed by:

Institution _____ Address _____

Phone _____

Institution Representative

Phone _____

Name _____ E-mail _____

Title _____

Signature _____ Date _____