



TUITION DISCOUNT APPLICATION

I, _____, hereby attest that I am an active employee of
Student Name

_____, part of _____.
Employer Name Parent Organization (if applicable)

Hire Date _____ Last 4 digits of SSN _____

Please attach a copy of the employee ID card if available.

What program does the applicant wish to have discounted? _____?
Degree Program

*I understand that falsification of this document can result in the loss of the above company discount with Indiana Wesleyan University. I further understand that it is my responsibility to report to Indiana Wesleyan University at 1-800-621-8667 x2878 if I am no longer employed with the above company.

Student signature

Date

Program Representative signature

Date

Indiana Wesleyan signature

Date

**Please note that only one discount may apply toward tuition at anytime.