



Catholic Schools Discount/Religious Studies Co-pay – Verification of Eligibility

Semester: _____ Year: _____

Total Due: _____

Student Information (Please print):

Name: _____

Social Security #: _____ - _____ - _____

Address: _____

Home Phone: _____

Work Phone: _____

E-Mail: _____

Check one: Catholic Schools Discount Religious Studies Employer Co-Pay

Check one: WEC GRAD

Terms of Catholic Schools Discount/Religious Studies Employer Co-Pay:

1. I understand that I am solely responsible for the full amount of tuition if I do not return this form by the tuition due date.
2. I understand that the University will drop me from my course(s) if this form is not returned and my portion of tuition and fees are not paid by the due date.
3. Catholic Schools Discount Only: I agree that it is my obligation to pay the full amount of the tuition and hereby promise to pay the full tuition amount shown above to the University.
4. Religious Studies Employer Co-Pay Only: I agree that it is my obligation to pay the full amount of the tuition in the event the University does not receive payment from my employer and hereby promise to pay the full tuition amount shown above to the University in the event my employer fails to do so.
5. I authorize Notre Dame of Maryland University to charge my credit card according to the terms of the plan. I understand my credit card automatically may be charged 60 days after each semester end date if Notre Dame of Maryland University has not received payment for the course(s).

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

Credit Card Charge Authorization (Debit cards are not accepted)

Name as shown on credit card: _____

Visa MC Discover

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____/____
Month/Year

Cardholder Signature: _____

To Be Completed by Sponsor (Please print):

The student named above is currently employed with/sponsored by:

Institution: _____

Institution Address: _____

Telephone: _____

Institution Representative

Name: _____

Phone: _____

Title: _____

E-mail: _____

Signature: _____

Amount Approved: \$ _____