

SEMESTER: _____
YEAR: _____



NOTRE DAME OF MARYLAND UNIVERSITY

TOTAL DUE: _____

CATHOLIC SCHOOLS DISCOUNT/RELIGIOUS STUDIES CO-PAY 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: Catholic Schools Discount Religious Studies Employer Co-pay
Check one: College of Adult Undergraduate Studies Graduate

Terms of Employer Tuition Remission Payment Plan

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 received 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 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, payments will include a 2.5% processing fee.)* Visa Master Card

Name as shown on the credit card _____ Discover American Express
Credit card number _____ - _____ - _____ - _____ Expiration Date ____/____/____ Card ID # ____-____-____
Month/Year (last 3 digits on back of card)

Check here if payment address is the same as listed above on form.

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

Cardholder signature _____

To Be Completed by Sponsor *(Please print)*

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

Institution _____ Address _____

Phone _____

Institution Representative

Name _____ Phone _____

Title _____ E-mail _____

Signature _____ Amount Approved: \$ _____