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 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 Sponsor *(Please print)*
The student named above is currently employed with/sponsored by:

Institution _____ Address _____

Phone _____ _____

Institution Representative

Phone _____

Name _____ E-mail _____

Title _____

Signature _____ Amount Approved: $ _____