AZUSA PACIFIC UNIVERSITY

Please complete all fields on this form using a black or blue ink. Report "N/A" for not applicable fields. Incomplete forms will be returned and will cause a delay in processing your financial aid application.

APU ID#: _____   Academic Program: _____

Name: _____   _____ _____
        Last   *First*   *M.I.*

In support of institutions affiliated with the Council for Christian Colleges & Universities (CCCU), APU will offer a 10% tuition discount for the Ed.D. in Higher Education Leadership or the Ph.D. in Higher Education to any full-time faculty member or administrator of any CCCU-affiliated institution <u>as long as the employing institution contributes at least 10% toward the tuition.</u> The combined tuition discount cannot equal more than 100%.

List the number of units you plan to take:	Summer B 2013 #_____	Spring 2014 #_____

Name of Affiliate Institution: _____ Date Employed: _____/_____/_____

- The amount of institutional aid is subject to coordination with Federal, State, and Institutional regulations, which may result in a reduction of this benefit.

- **Please attach verification** of your CCCU-affliated institution contribution (that is at least 10%) of your tuition. Your discount will not be posted to your account until verification is received.

By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

_____   _____

Student Signature *(Required)*   **Date**

MAILING ADDRESS
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