032818



Graduate and Professional Student Financial Services

School of Nursing Tuition Discount Agreement

Please complete all field: a delay in processing you		ort "N/A" fo	or not app	licable fields.	Incomplete fo	orms will be	returned and will cause	
APU ID#: Specific Academic Program:								
Student Name:								
Last				First			M.I.	
APU will offer a tuition dis with APU School of Nursin Administration and Leade account please fill out the our website www.apu.edu/	g. Students must be rship, Doctorate of N following information	e enrolled in t Nursing Praction on and submi	he RN to BS ce (Phd), or t proof of e	SN Program, MSI DNP Program (E employment/me	N in Nursing Ec DNP). In order mbership. For	ducation, MSN to apply the o	N in Heath Care discount to your student	
aid in the studen	t's financial aid pack	age.			-	ns, which may	y result in a reduction of other	
Please attach en account until ver	ification is received.	ship verification. Proof will be	on (e.g. em required a	ployee badge, le t initial enrollme	tter from HR, e	ear thereafte	count will not be posted to your er. APU reserves the right to ovided by the student.	
 APU and the age This tuition disco This tuition disco This tuition disco Tuition discount No other costs s Student must re 	ncy/organization ex bunt will be disconti- bunt cannot be rece- bunt only applies to o s are not stackable v uch as fees, books, s main continuously e aintain satisfactory	pires. nued if and w ived for more core courses; with any othe software, trav enrolled at lea	then the stu than four y general edi r institution vel, or incid st half time	udent is no longe years of enrollmoucation courses a nal aid available lentals are include e for fall, spring, a	er an employee ent. are not covered to School of No ded in this disc and summer te	e/member by d by discount ursing studen ount. erms.		
List the number of Core units student plans to take	Summer B 2018	#	Fall 2018	#	Spring 2019	#	Summer 2019#	
List the number of GE units student plans to take	Summer B 2018		Fall 2018	#	Spring 2019		Summer 2019 #	
Agency/Organization:					Date of Employ	ment/Membe	rship:	
provide documentation to sup	pport the information I	have provided	on this form	n. I understand tha	t any false state	ments or misre	my knowledge. If requested, I agree to presentation may be cause for denial, the United States Criminal Code.	
Student Signature (Required- digital signature not accepted)						Date		
AZUSA PACI	FIC UNIVERSITY • GRA					AZUSA, CA • !	91702-7000	

Administrative Action: _____PeopleSoft Student Group Added Date ____/___/

MOU Expiration Date: __

MOU Current: ___ Yes ___ No