



Graduate and Professional Student Financial Services
APU CCCU Employee Discount

**TUITION
2018-2019**

Please complete all fields on this form. 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: _____

Student Name: _____
Last First M.I.

APU will offer a 10% tuition discount for eligible employees of CCCU Schools and who enroll in an eligible APU program. In order to apply the discount to the your account please fill out the following information and **submit proof of employment**.

Discount Information:

- The tuition discount is subject to coordination with Federal, State, and institutional regulations, which may result in a reduction of other aid in the student's financial aid package.
- This tuition discount may not be combined with any other institutional aid. However, the CCCU employee may choose to forgo this tuition discount to receive another institutional scholarship instead.
- Discount will be applied to the student account after the add/drop date each term.
- **Please attach employment verification** (e.g. employee badge, letter from HR, etc.). Your discount will not be posted to your account until verification is received. Proof will be required at initial enrollment and every year thereafter. APU reserves the right to request employment verification at any time.

Discount Disclaimers:

- This tuition discount will be discontinued if and when you (the employee) is no longer employed by your a CCCU School.
- To be eligible for the discount the student must be enrolled at least half-time continuously for each Fall and Spring Term.
- Student must maintain Satisfactory Academic Progress.

List the number of units you plan to take:	Fall 2018	# _____	Spring 2019	# _____	Summer 2019	# _____

CCCU School : _____ Date Employment Began: _____

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

Date

MAILING ADDRESS

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