



Graduate and Professional Student Financial Services
APU School of Business and Management
MOU Agreement 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 15% tuition discount for eligible employees, spouses, and dependents (children under the age of 26) of organizations who have entered into an MOU agreement with APU School of Business and Management (SBM) and who enroll in the Master of Business Administration (MBA) or Master of Business Management (MBM) programs. In order to apply the discount to your account, please complete this form and submit it along with proof of employment.

- 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 available to SBM students. However, the employee may choose to forgo this tuition discount to receive an SBM 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 for the next term/session if and when the MOU (Memorandum of Understanding) between APU and your employer expires.
- This tuition discount will be discontinued if and when you (the employee) is no longer employed by your employer.
- Student must maintain Satisfactory Academic Progress (3.0 GPA) and be enrolled at least half-time.

List the number of units you plan to take:	Fall 2018 # _____	Spring 2019 # _____	Summer 2019 # _____
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Employer Name: _____	Date Employment Began: _____
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The discount applies to:	~ Self Spouse	~ Dependent
If student is spouse or dependent:	-Date of Birth: _____	
Name of Employee:	*Provide copy of driver license	
_____	Signature of	

Employee: _____

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- digital signature not accepted)

Date

MAILING ADDRESS

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