

Please submit completed form along with required documents to the Business Office. This form must be submitted prior to the beginning of the semester.

Student Information

Term: _____ ID Number: _____ Graduate Program: _____

Last Name: _____ First Name: _____

Course Number	Course Name	Credit Hours
Total Hours:		

Work Information

SLHS Entity: _____ Department: _____

Status: Full-time Part-time

Cost Center Manager Signature: _____ Date: _____

I acknowledge that my portion of tuition and fees must be submitted prior to classes beginning.

Student Signature: _____ Date: _____

For Business Office Use Only

Eligible? ___Y___N
Discount Amount: _____
Date Applied: ___/___/___