



NOVA SOUTHEASTERN UNIVERSITY
Fischler School of Education and Human Services
ALLIANCE DISCOUNT REQUEST FORM

Date: _____ Entry Term: Winter Summer Fall 20____

NAME: (Last) _____ (First) _____ (M) _____

Student NSU ID Number: _____

Date of Birth: _____ (mm/dd/year) Home Phone Number: _____
 Work Phone Number: _____

Home Address (Street) _____

(City) _____ (State) _____ (Zip) _____

EMAIL ADDRESS: _____ *NSU Email Address: _____

Check Appropriate Category		
<p align="center">Employer Information</p> <p>Employer: _____</p> <p>Position Title: _____</p> <p>Supervisor: _____</p> <p>Address: _____</p> <p>City: _____ State: _____</p> <p>Zip Code: _____</p>	<p align="center">Membership Affiliation</p> <p>Name of Membership: _____</p> <p>Membership #: _____</p> <p>Effective Date: _____</p>	<p align="center">Cluster</p> <p>Start Date: _____</p> <p>Cluster #: _____</p> <p>Location: _____</p> <p>Field Associate: _____</p>

I, _____, qualify for a _____% discount per my employer's alliance or membership affiliation with the Fischler School of Education and Human Services. I understand that the discount is deducted from the current, standard tuition rate and ONLY one discount will apply at the most beneficial rate. (No multiple discounts rates will be allowed). I am enrolled in the program _____. If applicable, my anticipated date of program completion is _____.

**Employer Alliance Discount : A letter of employment verification must accompany this request form.*

***Membership Discount: A letter of acceptance (and/or) certificate and a copy of your membership card must accompany this request form.*

Not applicable for the BrainSmart or Skylight programs, or for Applied Dissertation Services.

Student's Signature: _____

Office Use Only _____

STVRATE: _____

Effective Term: _____

Entry Date: _____

Authorization: _____

* Please fax this form and the letter to:
954 – 262 - 2338
 Attention: Office of Student Services
 Scholarship Advising