



University of the Incarnate Word Business Office Military Discount Form

Date:	Semester:
Student Name:	Student ID#:
Eligibility Guidelines (check one)	
<input type="checkbox"/> Student is Active Duty Military	
<input type="checkbox"/> Student is a dependent of an Active Duty Military individual	
<input type="checkbox"/> Student is Civilian Department of Defense Employee	
<input type="checkbox"/> Student is Retired Military	
<input type="checkbox"/> Student is a Veteran	

(Valid Military Identification Card must be presented in person on or before ten days from the first day of class)

The University of the Incarnate Word will apply these discounts to the above students after the initial rating is confirmed with the respective military identification. The discount percentage is off the Main Campus tuition rates published in the respective course schedule. The discount is awarded per credit hour. These discounts apply to all undergraduate and graduate students regardless of the number of hours enrolled in any respective semester.

It is the responsibility of the student to apply for tuition discounts. **The student must apply using the appropriate application form(s) and provide all necessary information to complete each application (i.e., valid identification(s)*, TA form(s)) to the Business Office within the specified date as published by the University course schedule.** All discounts will be evaluated and assessed to the student account after the last day to add and drop a course for the respective term or within stated deadline outlined in the published Course Schedule. In order to continue receiving the discount, the student is responsible for submitting a new application and required information to complete the application each session (fall, spring, summer).

All discounts are subject to change without notice.

I hereby certify I have read and understand the Eligibility Guidelines above, and I am eligible for this discount under the outlined guidelines. If it is later determined that I am ineligible, the waiver will be removed and I understand I will be liable immediately for any difference in cost that is reflected.

Student Signature: _____

Date: _____

Office Use Only	
Term Military ID Expires:	
Processed by:	Date Entered: