



Employer Assistance Discount Form

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Along with this form you **MUST** turn in a current paystub verifying your employment with the company each term.

Academic Year: 20__ - __

Term: Fall (Sept-Dec) Winter (Jan-Apr) Summer (May-Aug)

Student

Student Name: _____ ID#: _____

Company Student is Employed with: _____

Company's Benefit Year: _____

Number of Credit Hours the discount will be applied to: _____

Tuition assistances for the benefits year provided by the company: \$_____.

Degree: Bachelor's Master's Program/Major: _____

List Courses to receive Tuition Discount (up to two courses per academic year):

<u>Course Number</u>	<u>Title</u>	<u>Credits</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have read and understand the Employer Assistance Discount policies on the reverse side of this form and I agree to follow them. I certify that the information on this form is true and complete.

Employee Signature: _____ **Date:** _____

Financial Aid Approval (for office use only)

Approval: _____ Amount: _____ Date: _____

This form must be submitted no earlier than one month before the start of the term and no later than the deadlines listed on the next page.

