



Dependent Tuition Discount Request

Instructions:

Baptist Health Sciences University provides a tuition only discount for eligible dependents of Baptist employees enrolled at Baptist Health Sciences University.

All eligible dependents of current, full time employees in good standing, regardless of length of employment, are eligible for the following discounts.

- 25% Discount on UNDERGRADUATE tuition only

All eligible dependents of current, full time or part time employees in good standing, regardless of length of employment, are eligible for the following discounts.

- 10% Discount on GRADUATE tuition only

Eligible dependents must meet the following criteria to be eligible for the above discounts.

- Meet the Internal Revenue Service (IRS) definition of legal dependent and submit proof of criteria qualifying student as eligible dependent*
- Accepted to Baptist University as a degree seeking student
- Enroll in courses offered for credit

***Proof of dependency and proof of age must be attached for processing.**

- **Examples of Dependency Proof**

- Photocopy of prior year 1040 tax return (top portion only)
- Photocopy of court ordered dependency
- Proof of guardianship

- **Examples of Proof of Age**

- Photocopy of Dependent's Driver's License
- Photocopy of Dependent's birth certificate
- Photocopy of ID Card issued by government agency with name and date of birth

Please complete Sections I-III of the attached form and forward this request to the Business Office at least **two weeks** prior to the tuition and fee payment deadline published in the Academic Calendar for timely processing. **A request must be submitted for each trimester of attendance.** If approved, the discount will be credited to the student account by the Business Office. The student can view and/or pay their account online in [MyCampus](#).



Dependent Tuition Discount Request

Section I: Dependent Information

Student Name: _____ Student Number: _____

Trimester and Year for which you are requesting a discount: Fall _____ Spring _____ Summer _____

Section II: Employee Information

Employee Name: _____ Relationship to Dependent: _____

Employee Number: _____ Baptist Entity: _____

Department: _____ Manager's Name: _____

Manager's Email: _____ Manager's Phone: _____

Section III: Employee Certification

I certify the above information is correct and that I am currently a full time employee in good standing at a Baptist entity. I also certify that my above listed dependent meets the requirements for a student tuition discount in accordance with the IRS and Baptist University policy. I also understand that any falsification of the information or misrepresentation of facts may result in disciplinary actions, liability for repayment of fees, or other legal actions.

Employee signature _____ Date _____

Section IV: Business Office Certification

Employee FT: _____ Good Standing: _____ Employee Information verified: _____
(Initial and Date)

Business Officer Name: _____ Date: _____

Discount Code: _____ Entered in Jenzabar (initial and date): _____
(Initial and Date)