

Business Office 1003 Monroe Avenue Memphis, TN 38104 Office: (901) 575-2247 Fax: (901) 572-2461 Email: Business.Services@bchs.edu

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
- 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 College 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				
udent Name:			_ Student Number:	
Trimester and Year for which you are	requesting a discount: F	all	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 corre I also certify that my above listed deper IRS and Baptist University policy. I also may result in disciplinary actions, liabi	ident meets the requirem understand that any fals	ients for a studen ification of the ir	t tuition discount in formation or misre	accordance with the
Employee signature			Date	
Section IV: Business Office Certification				
Employee FT: Good Standir	ng: Er	nployee Informa		Initial and Date)
Business Officer Name:		Date:		
Discount Code:	Entered	l in Jenzabar (init	tial and date):	

(Initial and Date)