

Maria College – St. Peter’s Hospital Student Tuition Reduction Verification Form

This is not a registration form. To enroll and register for courses, you must contact the Admission and Registrar Offices.

I declare that I am an employee in good standing at St. Peter’s Hospital and am enrolled in a nursing or healthcare-related bachelor’s degree program and registering for a course(s) at Maria College at the discounted tuition rate agreed upon in the Memorandum of Agreement between Maria College and St. Peter’s Hospital.

I acknowledge and agree that I am personally responsible for the payment of the tuition for any course(s) I take at Maria College whether or not St. Peter’s Hospital provides me financial reimbursement for the cost of such course(s). I agree that I am responsible for the payment of such courses even if I withdraw from or otherwise fail to complete such courses and the amounts due to Maria College will be determined in accordance with the College add/drop period and refund policy. I acknowledge and understand that my financial aid eligibility may be impacted by this agreement. I acknowledge and agree that I am responsible for any costs incurred by Maria College in the event the tuition charges for which I am personally responsible are sent to a collection agency for payment and collection activity.

I understand that this form must be completed each semester that attend Maria College. Tuition will be billed to my student account at the full rate each semester and will not be adjusted until this form is fully completed and returned to the Student Financial Services Office at Maria College. I understand that charges will remain on my account until the end of the semester at which time they are immediately due and payable. Failure to pay my account in full at the end of the semester will impact my ability to register for classes the following semester.

Semester/Term

Date

Employee Signature

Employee Name (Please Print)

Street Address

City

State

Zip Code

Telephone Number

Email Address

For Human Resources Department or Employee’s Unit Manager:

The above named employee is an employee in good standing at St. Peter’s Hospital

Signature

Date

Title

Please return the completed form to the Student Financial Services Office by email at: SFS@mariacollege.edu