

**Maria College – Catholic Charities Disabilities Services (CCDS)**  
Student Tuition Reduction Verification Form

Since CCDS, like Maria College, plays such an important role in providing service to the community, Maria College has agreed to discount its tuition 40% for Catholic Charities Disabilities Services Qualified Individuals for specific programs outlined in the MOU.

This is not a registration form. To enroll and register for courses, you must contact the Admission and Registrar Offices. I declare, acknowledge and agree that:

- 1) I am an employee in good standing at CCDS and I, my spouse, domestic partner, immediate family member is enrolled in a \_\_\_\_\_ program at Maria College.
- 2) I am personally responsible for the payment of the tuition for any course(s) whether or not CCDS provides me financial reimbursement for the cost of such course(s).
- 3) 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.
- 4) 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 I 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 Name (Please Print)		Employee Signature	
_____		_____	
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 CCDS

_____		_____	
Signature		Date	
_____		_____	
Title			

Please return the completed form to the Student Financial Services Office by email at: [SFS@mariacollege.edu](mailto:SFS@mariacollege.edu). For questions regarding registering, please contact [registrar@mariacollege.edu](mailto:registrar@mariacollege.edu)