

**Maria College – NYOH
Student Tuition Reduction Verification Form**

Since NYOH, like Maria College, plays such an important role in providing healthcare, Maria College has agreed to discount its tuition 40% for NYOH employees as well as their spouses and dependents who pursue a bachelors in Health Care Management, Psychology, Health and Occupational Sciences or Liberal Arts. This discount does NOT apply to certificates, associates degrees or any nursing programs. 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 NYOH and I, my spouse, or dependent am enrolled in a bachelor's degree program at Maria College.
- 2) I am personally responsible for the payment of the tuition for any course(s) whether or not NYOH 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 will complete the FAFSA and that my financial aid eligibility may be impacted by this agreement.
- 5) 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 NYOH

Signature _____
Date

Title

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