

This form must be faxed to the program office at (954) 262-6301 prior to student's enrollment in the first term of program. Your "employee verification" letter must accompany this form in order for your discount to be processed.



MASTERS STUDIES AND MILITARY ALLIANCE DISCOUNT

Date: _____ Entry term: _____

NSU Student I.D. N _____

Name:

(Last) First Middle

Date of Birth: _____ (mm/dd/yy)

Home Phone: _____

Home Address:

(Street) (City)

(State) (Zip)

Email: _____

Employer: _____

(Street) (City) (State)

I, _____, qualify for a _____% discount per my employers (see above) alliance with the Shepard Broad College of Law.

I am pursuing a Masters Degree in the _____ Program. My anticipated date of program completion is _____.

Student Signature: _____