

MS Law Military Alliance Discount

This form must be submitted to the MS Law program office prior to the student's enrollment in the first term of program. It may be either emailed to mslawprograms@nova.edu or faxed to (954) 262-3844.

Your employee verification letter must accompany this form in order for your discount to be processed. You will receive an email confirmation once the discount is processed.

NAME:		
(Last)	(First)	
DATE OF BIRTH:	(m/dd/yy) HOME PHON	NE:
HOME ADDRESS:		
(Street)	(City)	
(State) (Zip)	EMAIL ADDRESS:	
EMPLOYER:		
Position		
(Street)	(City)	(State)
I,		, qualify for a 15%
discount per my emplo	oyer's alliance with the Shepar	d Broad College of Law.
Student Signature:		
Date:		
Expected Entry Term:		