Sibling Tuition Discount Application
Howard University

This application is for sibling(s) concurrently enrolled as a full-time degree-seeking student at the University. Application is limited to a single academic year. **A renewal application is required each school year.**

| Indicate semester(s) of application | Fall 20 _______ | Spring 20 ________ |

Sibling 1 (Please Print)

| Last Name, | First Name | Student ID # |

Sibling 2 (Please Print)

| Last Name, | First Name | Student ID # |

*We certify that we are (or will be) concurrently enrolled in good standing as a full-time, matriculating Howard University student for the semester(s) indicated above. We have read and understand the requirements and conditions for this discount. We understand that a new application must be completed at the beginning of each academic year for this discount is requested.*

______________________________
Sibling 1 Signature

______________________________
Sibling 2 Signature

______________________________
Parent Signature

______________________________
Date Signed

*Supporting documentation may be required.

| Approved_____ | Not Approved_____ | Signed___________________ |

Reason Not Approved: ________________________________