Sibling Tuition Discount Application

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.**

**Deadline to apply and submit application is August 30, 2019 (Fall 2019) and January 24, 2020 (Spring 2020) respectively.**

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

Sibling 1 [Applicant (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.

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Sibling 1 Signature

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Sibling 2 Signature

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Parent Signature

Date Signed

____________________________
Parent Signature (Print Name)

Date Signed

Approved______ Not Approved______ Signed ______________________

Reason Not Approved: __________________________________________________________________________

*Supporting documentation may be required.*