

SEMESTER: _____

YEAR: _____



NOTRE DAME OF MARYLAND UNIVERSITY

**PDS EDUCATOR DISCOUNT
VERIFICATION OF ELIGIBILITY**

TOTAL DUE: _____

Student ID # _____ Name _____
*Last First*Address _____
*Street/PO Box City State Zip code +4*Contact _____
Home phone Work phone E-mail

PDS School of Employment _____

Check one: ☐ PDS Educator Discount ☐ PDS Administrator Discount**Check one:** ☐ College of Adult Undergraduate Studies ☐ Graduate**Terms of Discount**

1. I understand that as a verified PDS educator, I will receive a discounted tuition rate of \$300 per credit while I continue my employment in an NDMU PDS. A \$195 registration fee per semester will also apply.
2. I understand that I am solely responsible for the full amount of tuition if I do not return this form by the tuition due date.
3. I understand that the University will drop me from my course(s) if this form is not returned and my portion of tuition and fees are not paid by the due date.
4. I agree that it is my obligation to pay the full amount of the tuition and hereby promise to pay the full tuition amount shown above to the University.
5. I authorize Notre Dame of Maryland University to charge my credit card according to the terms of the plan. I understand my credit card automatically may be charged 60 days after each semester end date if Notre Dame has not received payment for the course(s).

*By signing below, I certify that I have read and fully understand the terms listed above. In addition, all my questions have been answered to my satisfaction.*_____
*Student Signature*_____
Date☐ Visa ☐ Master Card**Credit card charge Authorization** *(Debit cards are not accepted, payments will include a 2.5% processing fee.)*Name as shown on the credit card _____
☐ Discover ☐ American ExpressCredit card number _____ - _____ - _____ - _____ Expiration Date ____ / ____ Card ID # _____
Month/Year (last 3 digits on back of card)☐ Check here if the payment address is the same as listed above on form.Address _____
Street/PO Box City State Zip code +4

Cardholder signature _____

To Be Completed by Sponsor *(Please print)*

The student named above is currently employed with/sponsored by:

PDS School _____ Address _____

Phone _____

Institution Representative

Name _____ Phone _____

Title _____ E-mail _____

Signature _____ Amount Approved: \$ _____

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