INTERVARSITY REBATE

Name _____ ID#_____ # of Credit Hours ____

This rebate should be applied to _____semester of 20_____.

I am a full or part time (minimum of 20 hours/week) staff member of InterVarsity and I am eligible for a discounted tuition rate on masters level courses of 50% off tuition. **I understand that my employment at InterVarsity must be verified in writing each semester**. I also understand that I am not eligible to receive any other scholarships, grants, rebates, and/or tuition waivers from Trinity. This benefit/rebate will not be applied retroactively. It will be granted only in the semester during which a student is enrolled in classes. This rebate is not applicable toward students enrolled in the REACH, Distance Education, and Extension Site programs.

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Student Signature Date

For Office Use Only

RBIV$_____ Date_____ Approval_____