



Parish Sites Discount Application

Accelerated Undergraduate Programs and Graduate Programs

Student Requesting Discount:

Name: _____ **ChaminadeID#:** _____
Last First Middle

Address: _____
Street/PO Box City State/Zip Code

Term Enrolling In: _____ **Number of credits you will enroll in:** _____

School Employed by: _____ **Job Title:** _____

Signature of Student: _____ **Date:** _____

Signature of Employer: _____ **Date:** _____

Signature of Advisor: _____ **Date:** _____

For CUH Financial Aid Office Use

Date Processed: _____

Term Processed For: _____

Amount of Reduction: _____