



## 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)]

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| Last Name, | First Name | Student ID # |
|------------|------------|--------------|
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Sibling 2 (Please Print)

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

\_\_\_\_\_  
Parent Signature (Print Name)

\_\_\_\_\_  
Date Signed

|                            |                    |              |
|----------------------------|--------------------|--------------|
| Approved _____             | Not Approved _____ | Signed _____ |
| Reason Not Approved: _____ |                    |              |

**\*Supporting documentation may be required.**