Term	



_____, referred

STUDENT REFERRAL DISCOUNT AGREEMENT

	to at	tend Southwestern Christian University	
for the upcoming academic term and am eli	igible to receiv	ve a student referral discount.	
I understand that failure to meet or maintain of the aforementioned discount. I further unaid award package, either positively or negatively negatively not hold Southwestern Christian Universitinancial aid award package.	nderstand that atively. I volu	t this discount may affect my financial ntarily accept this discount offer and	
Should the aforementioned student fail to contact I may lose a portion of this entire discontent remainder of my bill should the loss of this contact.	unt. I acknow	ledge that I am responsible to pay the	
I hereby agree to all criteria of this discount referral discount be credited to my account.	. •		
Student Signature		Date	
FOR OFFICIAL USE ONLY artment Heads/Supervisors- please check and initial all areas that pertain to your department. This information is for the NEW student, not the RETURNING student.			
Student Referral listed on Application	□ Yes	□ No	
Student was previously in database	□ Yes	□ No	
Student is enrolled in 12/more hours	□ Yes	□ No	
_Student is a	□ Resident	t □ Commuter	
Returning student is in Good Standing	□ Yes	□ No	
on Discount Amount: ☐ \$250 ☐ \$50 m Discount Amount ☐ N/A ☐ \$12		Bus Office/Notify FA, Adm Date	