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Student's First Name	
Student's First Name	
	Student's UIW ID
s Christi Employee: Self (City of Corpus	s Christi Employee) ☐Dependent of Employee
CITY OF CORPUS CHRISTI EMPLOYEE INFORMATION:	
Employee's First Name	Employee's Telephone Number
	a regular, full-time work status before the first Corpus Christi : □ Full-Time □ Part-Time
	your employment status directly with the City number below:
i Employee ID Number <u>:</u>	
NT: Provide your initials next to each st	atement to indicate your understanding.
	the UIW School of Professional Studies and the
ed discounts or scholarships in any term and	and shall not be applied retroactively. External
nancial aid is not affected by this agreement	:.
ifies that you understand and accept the p	olicies outlined in this form.
	Date
	Date
	Employee's First Name City of Corpus Christi Employee must be in ndicate your current status with the City of W School of Professional Studies will verify oyment, please provide your employee ID note in Employee ID Number: Allow UIW to request your employment wristi to release information to UIW regarding. NT: Provide your initials next to each status will be verified upon receipt. Discount Program Form must be submitted to be your applies to tuition only; it does not in full-time status, in any semester/term during the & graduate courses which are available thable to certificate, professional or doctoral prunt under the City of Corpus Christi Tuition