

4301 Broadway Street CPO #294 San Antonio, TX 78209 Phone: (210) 757-0202 eapapply@uiwtx.edu sps.uiw.edu Revised 06/2023

| STUDENT INFORMATION: | | |
|--|--|--|
| Student's Last Name | Student's First Name | Student's UIW ID |
| | ar College Employee: ☐ Self (Lone Star College | |
| LONE STAR COLLEGE EM | | Employee) = 2 openium of Employee |
| LONE STAR COLLEGE EN | FLOTEE INFORMATION: | |
| Employee's Last Name | Employee's First Name | Employee's Telephone Number |
| , , , | Atus: Lone Star College Employee must be in a red Indicate your current status with the Lone Star C | • |
| Star College. To confirm your emp | he UIW School of Professional Studies will verify loyment, please provide your employee ID number. | |
| 3) Employee's Lone Star Colleg | ge Employee ID Number: | |
| | nt to allow UIW to request your employment ollege to release information to UIW regarding the | |
| STUDENT ACKNOWLEDG | EMENT: Provide your initials next to each s | tatement to indicate your understanding. |
| | Discount Program Form must be submitted to the bloyment status will be verified upon receipt. | e UIW School of Professional Studies and the |
| | Discount applies to tuition only; it does not include or full-time status, in any semester/term durin | |
| | graduate & graduate courses which are available to pplicable to certificate, professional or doctoral professional or doctoral professional or doctoral professional or doctoral professional profession | |
| UIW and UIWSPS funded discoun | t account under the Lone Star College Discount P ts or scholarships in any term and and shall not be pending financial aid review and approval. | |
| Eligibility to apply for and reco | eive financial aid is not affected by this agreemen | ıt. |
| Vour signatur | e verifies that you understand and accept the p | olicies outlined in this form |
| Tour signatur | e vermes that you understand and necept the p | oners durined in this form. |
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| | | |
| | | |
| | | |
| Student Signature (Required) | | Date |
| Sponsoring Employee (Required for dependents of employees) | | Date |