



**University of the Incarnate Word
School of Professional Studies
2024-2025 Methodist Healthcare
Tuition Discount Program Form**

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

Revised 09/2024

STUDENT INFORMATION:

Student's Last Name

Student's First Name

Student's UIW ID

Student's Relationship to Methodist Healthcare Employee: Self (Methodist Healthcare Employee) Dependent of Employee

METHODIST HEALTHCARE EMPLOYEE INFORMATION:

Employee's Last Name

Employee's First Name

Employee's Telephone Number

1) Employee's Employment Status: Methodist Healthcare Employee must be in a regular, full-time work status before the first day of classes for the semester or term. Indicate your current status with the Methodist Healthcare: Full-Time Part-Time

2) Employment Verification: The UIW School of Professional Studies will verify your employment status directly with Methodist Healthcare. To confirm your employment, please provide your employee ID number below:

3) Employee's Methodist Healthcare Employee ID Number: _____

4) Initial the following statement to allow UIW to request your employment status from the Methodist Healthcare.

_____ I authorize Methodist Healthcare to release information to UIW regarding the status of my employment.

STUDENT ACKNOWLEDGEMENT: Provide your initials next to each statement to indicate your understanding.

___ The Methodist Healthcare Tuition Discount Program Form must be submitted to the UIW School of Professional Studies and the Methodist Healthcare employee's employment status will be verified upon receipt.

___ The Methodist Healthcare Tuition Discount applies to tuition only; it does not include any other fees/charges. Tuition may be discounted regardless of part-time or full-time status, in any semester/term during the academic year.

___ The discount applies to undergraduate & graduate courses which are available through the School of Professional Studies (online only). The discount is not applicable to certificate, professional or doctoral programs.

___ Eligibility to apply for and receive financial aid is not affected by this agreement.

___ The tuition discount per student account under the Methodist Healthcare Tuition Discount Program may not be stacked or cumulated with UIW and UIWSPS funded discounts or scholarships in any term and shall not be applied retroactively. External scholarships or financial assistance are permissible pending financial aid review and approval.

___ Eligibility to apply for and receive financial aid is not affected by this agreement.

Your signature verifies that you understand and accept the policies outlined in this form.

Student Signature (Required)

Date

Sponsoring Employee (Required for dependents of employees)

Date

The Methodist Healthcare Tuition Discount Program Form must be submitted to the School of Professional Studies via e-mail (capapply@uiwtx.edu), mail (4301 Broadway Street CPO #294, San Antonio, TX 78209) or in office for consideration.