

## University of the Incarnate Word School of Professional Studies 2025-2026 South Texas Radiology Imaging Centers (STRIC) Tuition Discount Program Form

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

STUDENT INFORMATION:		
Student's Last Name	Student's First Name	Student's UIW ID
Student's Relationship to STRIC	<b>Employee:</b> □ Self (STRIC Employee) □	Dependent of Employee
STRIC EMPLOYEE INFORMA	ATION:	
Employee's Last Name	Employee's First Name	Employee's Telephone Number
	s: STRIC Employee must be in a regular, full-tin ate your current status with the STRIC:	
, .	UIW School of Professional Studies will verify y, please provide your employee ID number below	
_	o allow UIW to request your employment so se information to UIW regarding the status of my	
STUDENT ACKNOWLEDGEM	IENT: Provide your initials next to each sta	tement to indicate your understanding
	ing Centers (STRIC) Tuition Discount Program PRIC employee's employment status will be veri	
	lies to tuition only; it does not include any other tus, in any semester/term during the academic ye	
	luate & graduate courses which are available through icable to certificate, professional or doctoral professional profession	•
Eligibility to apply for and receive	e financial aid is not affected by this agreement.	
may not be stacked or cumulated with	ccount under the South Texas Radiology Imagin UIW and UIWSPS funded discounts or scholars ships or financial assistance are permissible pendential	ships in any term and and shall not be
Your signature	verifies that you understand and accept the po	olicies outlined in this form.
Student Signature (Required)		Date
Sponsoring Employee (Required for a	denendents of employees)	Date