

University of the Incarnate Word School of Professional Studies 2023-2024 San Antonio Chamber of Commerce Tuition Discount Program Form

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
Student's Relationship to San An Self Dependent of Employe	tonio Chamber of Commerce Employee/Membee/Member	oer:
SAN ANTONIO CHAMBER	OF COMMERCE EMPLOYEE/MEMB	ER INFORMATION:
Last Name	First Name	Telephone Number
status before the first day of classe	atus: San Antonio Chamber of Commerce Empers for the semester or term. If you are a member ☐ Full-Time ☐ Part-Time ☐ Member	
	of Professional Studies will verify your status of US, please provide the information below:	directly with San Antonio Chamber of
a) Employee's San Antoni	o Chamber of Commerce Employee ID No	umber:
b) Business name listed wi	th San Antonio Chamber of Commerce: -	
-	nt to allow UIW to request your status from O Chamber of Commerce to release information	
STUDENT ACKNOWLEDG	EMENT: Provide your initials next to each	statement to indicate your understanding.
The San Antonio Chamber of Commerce Tuition Discount Program Form must be submitted to the UIW School of rofessional Studies and the San Antonio Chamber of Commerce employee's employment or membership status will be verified point receipt.		
	Commerce Tuition Discount applies to tuition cess of part-time or full-time status, in any seme	only; it does not include any other fees/charges. ester/term during the academic year.
	graduate & graduate courses which are available applicable to certificate, professional or doctors	
stacked or cumulated with UIW an	nt account under the San Antonio Chamber of C d UIWSPS funded discounts or scholarships in s or financial assistance are permissible pendin	any term and and shall not be applied
Eligibility to apply for and rec	eive financial aid is not affected by this agreem	ent.
Your signature	verifies that you understand and accept the p	policies outlined in this form.
Student Signature (Required)		Date
Sponsoring Employee (Required)	for dependents)	Date