

LUTHER COLLEGE STUDENT APPLICATION FOR TUITION CREDIT

Name _____ / _____ / _____
Last First Middle Maiden

Address _____

ID# _____

Academic year 20____ -20____

Term (check only one): Fall Semester January Term Spring Semester

I wish to apply for the following tuition credit (check only one):

<p>Graduate from an institution other than Luther (baccalaureate or higher) -Provide official transcript to Registrar's Office for verification <i>After completion, send this form to Registrar's Office</i></p> <input style="width: 30px; height: 20px;" type="checkbox"/>	Registrar's Office Use Only Signature _____ Date _____
--	--

<p>9th Semester Elementary Education or Music Education Major -minimum 128 hours completed -all coursework for major completed (except: 483, 486, 490) -all graduation requirements completed <i>After completion, send this form to Registrar's Office</i></p> <input style="width: 30px; height: 20px;" type="checkbox"/>	Registrar's Office Use Only Signature _____ Date _____
---	--

<p>9th Semester Social Work Major -minimum 128 hours completed -all coursework for major completed -all graduation requirements completed <i>After completion, send this form to Registrar's Office</i></p> <input style="width: 30px; height: 20px;" type="checkbox"/>	Registrar's Office Use Only Signature _____ Date _____
---	--

<p>Pastor/Spouse of Pastor -limit of one course/term -limit of two terms/year <i>After completion, send this form to Church Relations</i></p> <input style="width: 30px; height: 20px;" type="checkbox"/>	Church Relations Use Only Signature _____ Date _____
---	--

<p>Community/Area Resident (non-degree seeking) -limit one course/term -provide a proof of residency (i.e. driver's license) <i>After completion, send this form to Office for Financial Services</i></p> <input style="width: 30px; height: 20px;" type="checkbox"/>	Office for Financial Services Use Only Signature _____ Date _____
---	---

<p>Postsecondary Options -send appropriate form(s) from high school guidance counselor to Office for Financial Services <i>After completion, send this form to Office for Financial Service</i></p> <input style="width: 30px; height: 20px;" type="checkbox"/>	Office for Financial Services Use Only Signature _____ Date _____
--	---

_____ **Number of Credits**

Signature of Applicant

Date

Registrar's Office/Church Relations – After completion, return this form to the Office for Financial Services.

Office for Financial Services Use Only

Total Cost _____ Total Discount _____ Date _____ Initials _____