

## FINANCIAL AID OFFICE

600 Forbes Avenue Pittsburgh, PA 15282-0299 Phone: 412-396-6607 Fax: 412-396-5284 duq.edu/financial-aid/

## CLERGY/RELIGIOUS DISCOUNT FORM Academic Year 2024-2025 & Summer 2025

| STUDENT NAME: _                           | E: STUDENT DUQ ID:    |   |                            |                   |  |
|---|-----------------------|---|----------------------------|-------------------|--|
| ADDRESS:                                  |                       |   |                            |                   |  |
| DAYTIME PHONE NUMBER:                     |                       |   | EMAIL:                     |                   |  |
|   |                       | General Information   | ı                          |                   |  |
| Only one Duques                           | sne University deg    | ree, or part thereof, may be e                                  | earned utilizing this disc | ount.             |  |
| • Discount is one-l                       | nalf basic tuition or | r rate of school of enrollment                                  | t, whichever is LOWER      |                   |  |
|   |                       | ation with this Clergy/Religion<br>the Spiritan Congregation of |                            |                   |  |
| 1.School: ☐ Arts ☐ Business               | ☐ Education☐ Music    | ☐ Science and Engineerin☐ Nursing                               | g                          | of study:         |  |
| 2.Class Level: ☐ Undergraduate            | ☐ Graduat             | e Other   |                            |                   |  |
| 3. Degree being sou  ☐ Bachelor           |                       | □ Doctoral □ Certifi  | cation                     |                   |  |
| 4. Number of credit                       | s planned:            |   |                            |                   |  |
| Fall 2024                                 | Sp                    | Spring 2025   |                            | Summer 2025       |  |
| 5. Have you earned                        | a degree or part      | thereof utilizing this discou                                   | nt program? 🔲 Ye           | s 🗖 No            |  |
| 6. Indicate status:                       |                       |   |                            |                   |  |
| ☐ Member of Cath                          | holic Clergy (listed  | l in Official Catholic Clergy                                   | Directory).                |                   |  |
| ☐ Professed meming for first-time applies |                       | ergy/Religious Order. (Writte                                   | en verification must acc   | company this form |  |
| 7Student Signatu                          |                       |   |                            | Date              |  |
| 8   | air Signature AN      | D Printed Name (required  | nrior to submission)       | Date              |  |
| Department Cli                            |                       | of this form is not a guarantee                                 |                            | Dun               |  |
| FCRD                                      | ~ #AIIII              |   |                            | DISCCR            |  |