

INTERVARSITY REBATE

Name _____ ID# _____ # of Credit Hours _____

This rebate should be applied to _____ semester of 20_____.

I am a full or part time staff member of InterVarsity and I am eligible for a discounted tuition rate on masters level courses of 50% off tuition. **I understand that my employment at InterVarsity must be verified in writing each semester.** I also understand that I am not eligible to receive any other scholarships, grants, rebates, and/or tuition waivers from Trinity.

Student Signature

Date

For Office Use Only

RBCC\$ _____ Date _____ Approval _____