



CEDARVILLE UNIVERSITY

THE GRADUATE SCHOOL

This form must be submitted for each term enrolled and by the tuition payment deadline date each semester. If your student account is not paid in full by the published payment deadline, you will be subject to a late fee.

Cedarville Parents Partners Preferred Pricing Scholarship Program Verification Form

Graduate (Parent) Information:

Graduate Student ID: _____ Date: _____

Last Name: _____ First Name: _____ MI: _____

Street Address _____ City _____ State _____ Zip _____

Email Address: _____ Phone Number: (____) _____ - _____

Graduate Program of interest or enrolled in: _____

I plan to register for _____ credit hours. Fall Spring Summer Academic Year: _____

Undergraduate Information:

Undergraduate Student ID: _____

Last Name: _____ First Name: _____ MI: _____

Is your son/daughter enrolled for the upcoming term at Cedarville University? Yes No

Confirmation of Information: *By signing this agreement with my signature below, I am confirming that the information provided is correct and accurate.*

Signature of Graduate Student: _____ Date: _____

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****Cedarville University Financial Aid Office use only****

_____ Credit Hours x \$ _____ per Credit Hour = Tuition \$ _____

_____ % of tuition scholarship x \$ _____ Tuition Total = Scholarship \$ _____

Award entered by: _____ Date: _____

To be applied toward: Fall Spring Summer Academic Year: _____