



University of Detroit Mercy Vendor Discount

Academic Year: 200___/_____

Name: _____ **SS#** _____

Relationship Self Spouse Dependent Child

Employee _____
Company _____ Phone: (____) _____

Degree Sought Bachelor's Master's Program or Major _____

Term Fall/Term I Winter/Term II Summer 1 or 2 /Term III
(Check one) (Sept.-Dec.) (Jan.-Apr.) (May – August)

List Courses to receive 25% Tuition Discount:

Course Number	Title	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have read and understand the Vendor Discount policies on the reverse side of this form and I agree to follow them. I certify that the information on this form is complete and correct.

Employee Signature _____ **Date** _____

Company Certification/Approval
Signature Authorization _____ Date _____

Name _____ Title _____

Phone (____) _____

- THIS FORM MUST BE RECEIVED BY THE DEADLINES LISTED ON THE REVERSE SIDE.

