

ELIGIBILITY AND BILLING FORM

Completion of this form is necessary to qualify for benefits under DeVry University for all eligible Corporate Education Partner and Family Education Benefits Program students. The application fee is waived for students eligible to participate in these programs.

For the Family Education Benefits Program, a dependent can include: a spouse, biological child, stepchild, legally adopted child, child for whom the employee is a court appointed guardian, and child of a domestic partner. Dependents are also defined as a domestic partner, in a committed long-term relationship, with a partner of the same or opposite sex. Neither party can be legally married to other individuals. Adoptive or biological parents of the eligible employee can also be classified as dependents.

Student Information

Student's Full Name (First, Middle, Last): _____

Student's DSI Number: _____

Session State Date: _____

Program: _____

Employer Information

Name of Employer: _____

Location of Employer (City & State/Province): _____

Start Date of Employment: _____

Name of Previous Employer (Continuing Students Only): _____

Tuition Savings: _____ (excludes textbooks and materials expenses)

Student states and affirms eligibility to participate in the program as defined by the choice of options contained herein. Student further understands and agrees that DeVry University and its Keller Graduate School of Management may, from time to time and in its sole discretion, verify that student continues to be eligible to participate in the program. Student will furnish such proof of continuing eligibility as DeVry University and its Keller Graduate School of Management requests. DeVry reserves the right to increase tuition rates at any time; any increase will be announced at least 90 days before the beginning of the effective term. I have read, understand and agree to abide by the policies in the academic catalog, on the website, and described in the payment plan options on the Registration Form and Payment Plan Agreement. I agree to abide by all the payment terms and conditions. I understand that I am obligated to pay my tuition in full at the end of every session.

Signature: _____

Date: _____