SSPC Member Name (please print) _________________________________________________________________

RMU ID: ________________________________     Email____________________________________________

SECTION 2

The applicant will be enrolled in a fully online undergraduate degree program and/or a fully online and on ground Master’s Degree Program. Doctorate and Nursing Programs are excluded.

Term Enrolled: __________________________

*Form must be completed for each term enrolled or discount will not be applied

SECTION 3

SSPC Member Signature_______________________________________ Date_______________________

SSPC Director of Operations: By signing below I hereby attest and confirm that the member identified in Section 1 above is a current member, in good standing, with the SSPC.

Name: ________________________________ Title: ________________________________

Signature_________________________________________ Date___________________________