

## Degrees@Work Student Eligibility Form

## STUDENT

Last Name				First Name			
Email Address		P	hone Number		Zip Code		
DEALERSHIP	EMPLO	(EE					
Last Name		F	irst Name		Employee S-ID		
Relationship	Self	Spouse	Child	Any affiliation wit	h the military?	Yes	No
DEALERSHIP							
Name				Dealer Code			
of tuition covered cannot take out fe program may be e	under the ederal finar eligible for	program shou ncial aid studer Pell grants, or	ld not incur ac nt loans and p other grants a	FCA has made the deter dditional debt related to t articipate in the program and benefits. I consent to ent is not required to purc	heir education and t . However, those par receive autodialed r	herefore th rticipating i marketing	nat I n this
Signature				Date			
Authorized A I hereby grant the			e permission to	o enroll in the Degrees@\	Work Program at Stra	ayer Unive	rsity.
Signature				Print Name			
Date							

Submit this completed form to Strayer University Admissions at **fca.success@strayer.edu** or via fax at **1.800.259.7294** and contact an Admissions Officer at **1.855.334.3622** to complete the enrollment process.