Sibling Discount Policy

Wentworth Institute of Technology is pleased to offer a tuition discount to siblings who are enrolled concurrently in fulltime undergraduate degree programs, as specified below. To qualify for the discount, all siblings must be matriculated and enrolled in a fulltime undergraduate program for each semester of eligibility. The sibling discount will be applied as follows:

- 10% tuition discount per student for the 1\textsuperscript{st} and 2\textsuperscript{nd} siblings, enrolled concurrently
- 20% tuition discount for the 3\textsuperscript{rd} and additional siblings, enrolled concurrently

The Sibling Discount does not apply to, and, if applicable, will be removed in the following situations:

1) One of the siblings takes a leave of absence, withdraws or graduates from Wentworth
2) One of the siblings enrolls in a graduate program while the other sibling is enrolled as an undergraduate

The Sibling Discount applies only to tuition, NOT to housing (room and board) or any other fees that are assessed to student accounts.

To apply for the discount, please list all siblings on the same Sibling Discount Application form. All of the fields must be completed, including the Expected Graduation Term for each student. Completed applications can be dropped off at the Student Accounts Office, or scanned and emailed to studentaccounts@wit.edu.
WENTWORTH SIBLING DISCOUNT APPLICATION

Student Name: ___________________________ WID: _______________________

Program of Study: __________________________

Expected Graduation Term: _______________________

Permanent Address: __________________________

City __________________________ State ________ Zip __________

Student Cell/Phone Number _______________________

Student Signature ___________________________ Date _______________________

Name of Sibling: ___________________________ WID: _______________________

Relationship: ___________________________ Program of Study: _______________________

Expected Graduation Term: _______________________

Permanent Address: __________________________

City __________________________ State ________ Zip __________

Student Cell/Phone Number _______________________

Student Signature ___________________________ Date _______________________

Name of Sibling: ___________________________ WID: _______________________

Relationship: ___________________________ Program of Study: _______________________

Expected Graduation Term: _______________________

Permanent Address: __________________________

City __________________________ State ________ Zip __________

Student Cell/Phone Number _______________________

Student Signature ___________________________ Date _______________________