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

- 10% tuition discount per student for the 1st and 2nd siblings, enrolled concurrently
- 20% tuition discount for the 3rd 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 Service Center, or scanned and emailed to ssc@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 _________________________

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Name of Sibling: _______________________________ WID:___________________________

Relationship: ___________________________ Program of Study: ______________________

Expected Graduation Term: ____________________________________________________

Permanent Address: ____________________________________________________________

City________________________ State________ Zip_________________

Student Cell/Phone Number____________________________________________________

Student Signature ___________________________ Date _________________________

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Name of Sibling: _______________________________ WID:___________________________

Relationship: ___________________________ Program of Study: ______________________

Expected Graduation Term: ____________________________________________________

Permanent Address: ____________________________________________________________

City________________________ State________ Zip_________________

Student Cell/Phone Number____________________________________________________

Student Signature ___________________________ Date _________________________

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