Diocesan Tuition Payment Form

at arivet@dioceseoflansing.org.

Semester and Year:	(ex. Wi	nter, 2022)	Course #:		Course) #:
Student Information						
Date:						
Last Name:						
Address:	City, Zip:					
Phone:	🗆	Home 🗆	Work □ Cell			
Email Address:						
Parish Name:		C	City			
Pastor (Manager) Name:						
Business Manager:		P	hone #:			
Email Address:						
Academic Program Information						
University/College Name and Loca	ition:					
□Undergrad □Graduate Major:						
Total credit hours needed to comp	lete the prog	ram	Numbe	er of credits	s comple	eted:
Tuition Payment Agreement The Diocese of Lansing will provide 25% of the expense for those Ministry Formation Prograparticipants who are meeting the requirement Ministry Formation Program. See the Ministry Formation Bulletin for addition information. The recommended tuition split is F50%, Student—25%, Diocese—25%.	ogram nents of the itional	Parish Tot	ion: tal: otal:			For Office Use Check # Amount
		Diocesan	Total:			
As the parish representative , I agree	to pay the par	rish contril	bution listed in tl	he Tuition P	ayment /	Agreement above.
Signature As the student , I agree to pay the student are alized that it is my responsibility to materials.	•			-	•	
			Date			

*Note: If you pay the University or College directly. Submit proof of tuition payment and subsidy request to our office to get reimbursed. Any questions feel free to contact, Dcn. Randy Desrochers at rdesrochers@dioceseoflansing.org or Anne Rivet

Revised January 2023