

SWORN AFFIDAVIT

By signing below, the undersigned swears or affirms that the statements found in sub-paragraphs 1 through 4, are true and accurate and are in agreement with said statements.

1. It is understood that Trinity Graduate School and Seminary, Inc. offers only educational programs that prepare students for religious vocations as ministers, professionals or laypersons in the categories of ministry, counseling, theology, education, administration, music, fine arts, media communications or publications.
2. It is further understood that each degree title includes a religious modifier that immediately precedes, or is included within any of the following degrees: Associate of Arts, Associate of Science, Bachelor of Arts, Bachelor of Science, Master of Arts, Master of Science, Doctor of Philosophy, and Doctor of Education. The religious modifier is placed on the title line of the degree, on the transcript, and whenever the title of the degree appears in official school documents or publications.
3. That the duration of all degree programs offered by Trinity Graduate School and Seminary is consistent with the standards of the Commission for Independent Education as set forth in Rule 6E-2.004(4). F.A.. These cannot and will not be changed in any way.
4. I understand the refund policy is as follows and agree with it:

When a program is dropped or withdrawn the following refund policy will apply: In the event of unwarranted illness, all tuition will be refunded for the semester in which the student was enrolled. The Institute must be notified in writing of intent to withdraw, with medical statement attached, before any refunds may be considered. Telephone calls will not be acknowledged for tuition refunds. The medical refund for withdrawal will be 50%. In the event of death, tuition paid for the previous two semesters will be refunded.

(Student)

(Date)

STATE OF _____ COUNTY OF _____

SWORN TO OR AFFIRMED before me this _____ day of _____ 20 _____.

Signature of Notary

Printed Signature

My Commission expires _____ STATE _____