

### MEMORANDUM OF UNDERSTANDING

The Nova Southeastern University (NSU) Abraham S. Fischler College of Education and School of Criminal Justice (FCE&SCJ) wishes to provide a quality, cost-effective education through each of the degree programs which are offered through the FCE&SCJ at the bachelor's, master's, specialist and doctoral levels.

The \_\_\_\_\_ wishes to offer employees of the agency the opportunity of a graduate  
Organization Name

education at a reduced rate. In this regard, Nova Southeastern University and \_\_\_\_\_  
Organization Name

agree to the following:

The \_\_\_\_\_ agrees to:  
Organization Name

- Disseminate material regarding the degree program offerings and when appropriate allow University personnel to offer informational briefings regarding the same.
- Assign a point of contact to assist with any necessary administrative functions (e.g., posting flyers, placing brochures in common areas).
- Notify Nova Southeastern University of any employment/internship openings for dissemination to the student body.

The Nova Southeastern University FCE&SCJ agrees to:

- Provide courses and instructors.
- Offer a **20% discount on tuition** to any employee of the \_\_\_\_\_  
enrolled at the NSU FCE&SCJ. Organization Name
- Provide appropriate materials and personnel for any informational meetings to promote the degree programs.
- Inform its students of any employment/internship openings offered by the organization which have been communicated via email at [FCEMOU@nova.edu](mailto:FCEMOU@nova.edu)
- Collaborate with \_\_\_\_\_ regarding other requested training programs of interest.  
Organization Name

Either party may terminate this letter agreement at any time, upon 30 days written notice, provided that all students then currently enrolled in the program at the time of such notice shall be allowed to complete the program under the terms of this agreement.

\_\_\_\_\_  
Kimberly Durham, Psy.D., Dean  
Abraham S. Fischler College of Education and School of Criminal Justice  
Nova Southeastern University

\_\_\_\_\_  
Date:

Organization Authorizing Official: \_\_\_\_\_  
Please Print

Authorizing Official Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Phone/email: \_\_\_\_\_

\_\_\_\_\_