



Widener University

City of Philadelphia Tuition Discount Verification Form

Year: _____ Term (Select one) ☐ Fall ☐ Spring ☐ Summer

Section A. *(Completed by the student)*

I hereby authorize certification of my employment status to Widener University.

Name of Employee: _____

Relationship to Student: ☐ Self ☐ Spouse ☐ Dependent

Student ID: _____ Program: ☐ Undergraduate ☐ Graduate

Student Signature: _____ Date: _____

Section B. *(Completed by the employer)*

☐ I certify that the above named student is an employee of the City of Philadelphia or is the spouse or dependent of an employee of the City of Philadelphia and is eligible for discounted tuition upon acceptance.

Signature: _____

Date: _____

Print Name: _____