



Widener University

Graduate Studies and Extended Learning

EDSI

Tuition Discount Verification Form

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

Section A. (Completed by student)

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

Print Name: _____

Student ID: _____ Program: ☐ Undergraduate ☐ Graduate

Signature: _____ Date: _____

Section B. (Completed by employer)

☐ I certify that the above named student is an employee or verified client EDSI and eligible for tuition discounts as outlined in the official Memorandum of Understanding between Widener University and EDSI.

Signature: _____ Date: _____

Title: _____

Submit form for each semester enrolled via mail, fax, or email to:

Widener University
Graduate Studies and Extended Learning
One University Place,
Chester, PA 19013-5792
GEL@Widener.edu
Phone: 610-499-4282
Fax: 610-499-4369