



# Widener University

Graduate Studies and Extended Learning

## City of Philadelphia 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.

Name of Employee: \_\_\_\_\_

Relationship to Student: ☐ Self ☐ Spouse ☐ Dependent

Student ID: \_\_\_\_\_ Program: ☐ Undergraduate ☐ Graduate

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

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### **Section B. (Completed by employer)**

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

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

Title: \_\_\_\_\_

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**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](mailto:GEL@Widener.edu)  
Phone: 610-499-4282  
Fax: 610-499-4369