Widener University

Graduate Studies and Extended Learning

SEPTA

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 of SEPTA and eligible for tuition discounts as outlined in the official Memorandum of Understanding between Widener University and SEPTA.

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