



Widener University

Graduate Studies and Extended Learning

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

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,
120 Kapelski Learning Center
Chester, PA 19013-5792
GEL@Widener.edu
Phone: 610-499-4282
Fax: 610-499-4369