



Widener University

Graduate and Continuing Studies

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

Signature: _____ Date: _____

Title: _____

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

Widener University
Graduate and Continuing Studies
Providence House
400 E 21st Street
Chester, PA 19013-5792
GEL@Widener.edu
Phone: 610-499-4282
Fax: 610-499-4369