



Widener University

Graduate and Continuing Studies

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

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