



# Widener University

Graduate and Continuing Studies

**Department of Human Services (DHS)  
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: \_\_\_\_\_

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

I certify that the above named student is an employee of DHS and eligible for tuition discounts as outlined in the official Memorandum of Understanding between Widener University and DHS.

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

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

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

Widener University  
Graduate and Continuing Studies  
Providence House  
400 E 21<sup>st</sup> Street  
Chester, PA 19013-5792  
[GEL@Widener.edu](mailto:GEL@Widener.edu)  
Phone: 610-499-4282  
Fax: 610-499-4369