



# Widener University

Graduate and Continuing Studies

## **Pennsylvania Counseling Services 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 Pennsylvania Counseling Services and eligible for tuition discounts as outlined in the official Memorandum of Understanding between Widener University and Pennsylvania Counseling Services.

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