



# Widener University

Graduate and Continuing Studies

## City of Philadelphia (Return to Learning) 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.

Name of Employee: \_\_\_\_\_

Relationship to Student:  Self  Spouse  Dependent

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

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