



# Widener University

## Cancer Treatment Centers of America Tuition Discount Verification Form

Year: \_\_\_\_\_ Term (Select one)  Fall  Spring  Summer

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### Section A. (Completed by the 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

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

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### Section B. (Completed by the employer)

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

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

Print Name: \_\_\_\_\_

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Submit 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)  
Fax: 610-499-4369