



Widener University

Cardinal O'Hara High School Tuition Discount Verification Form

Year: _____ Term (Select one) Fall Spring Summer

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: _____

Section B. (Completed by the employer)

I certify that the above named student is an employee of Cardinal O'Hara High School and is eligible for tuition discounts as outlined in the official Memorandum of Understanding between Widener University and Cardinal O'Hara High School

Signature: _____ Date: _____

Print Name: _____

Submit 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
Fax: 610-499-4369