



Widener University

Diocese of Wilmington 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 the Diocese of Wilmington and is eligible for tuition discounts as outlined in the official Memorandum of Understanding between Widener University and the Diocese of Wilmington

Signature: _____ Date: _____

Print Name: _____

Submit for each semester enrolled via email to:

Widener University

Graduate and Continuing Studies

GEL@widener.edu