



Widener University

OIC Career & Academic Development Institute 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 OIC Career & Academic Development Institute and is eligible for tuition discounts as outlined in the official Memorandum of Understanding between Widener University and OIC Career & Academic Development Institute

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