



# Widener University

Graduate and Continuing Studies

## County of Delaware

### 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.

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

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

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

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

Title: \_\_\_\_\_

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#### **Submit form for each semester enrolled via email to:**

Widener University

Graduate and Continuing Studies

[GCS@Widener.edu](mailto:GCS@Widener.edu)

Phone: 610-499-4282