

Graduate and Continuing Studies
Downingtown Area School District
Tuition Discount Verification Form

Year: _____ Term (Select one) ☐ Fall ☐ Spring ☐ Summer

Section A. (Completed by student)

I hereby authorize certification of my employment/membership status to Widener University.

Print Name: _____

Student ID: _____ Program: ☐ Undergraduate ☐ Graduate

Signature: _____ Date: _____

Section B. (Completed by (Downingtown Area School District)

☐ I certify that the above-named student is a member of Downingtown Area School District and eligible for tuition discounts as outlined in the official Memorandum of Understanding between Widener University and Downingtown Area School District.

Signature: _____ Date: _____

Print Name: _____

Title: _____

Submit form for each semester enrolled via email to:

Widener University
Graduate and Continuing Studies
Gel@Widener.edu