Graduate and Continuing Studies

Philadelphia Union

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 (Philadelphia Union)***

☐ I certify that the above-named student is an employee of the Philadelphia Union and eligible for tuition discounts as outlined in the official Memorandum of Understanding between Widener University and the Philadelphia Union.

Signature: _____ **Date:** _____

Print Name: _____

Title:_____

Submit form for each semester enrolled via email to:

Widener University
Graduate and Continuing Studies
Gel@Widener.edu