

FULL-TIME EMPLOYMENT VERIFICATION FOR THE MYCIL/ACES\$

TO BE ELIGIBLE FOR THE DISCOUNT, A STUDENT MUST:

TO BE COMPLETED BY STUDENT: (please print) I request the discount of \$250 per credit off of the full tuition graduate rate for the semester. I certify that I qualify for

- complete the following form and submit it to the Student Accounts Office at the time of registration for each term for which you are requesting the tuition discount;
- b. have all previous bills owed to Marywood University paid in full;
- c. pay all fees due at registration;
- d. remit at registration any tuition not paid directly by the employer;
- e. pay in full any final semester charges prior to the following semester or graduation.

| the tuition discount. I understand and agree that if, for of employment, or if I withdraw from my classes after for the immediate and full payment of all tuition due. | | | |
|--|------------------------------|--------------------|-----|
| For the semester noted above, I am enrolled for | credits. | | |
| Student ID #: | Name of Student: | | |
| Employer: | Address of Student: | | |
| Phone #: | street | | |
| Email: | city | state | zip |
| Date: | Signature of Student: | | |
| TO RE COMPLETED BY EMPLOY | /FE'S HUMAN RESOURCE DEPARTI | MENT: (please prin | t) |
| TO BE COMPLETED BY EMPLOYEE'S HUMAN RESOURCE DEPARTMENT: (please print) I certify that the above-named applicant is employed full-time by MyCIL/ACES\$: | | | |
| Phone #: | Name of HR Rep: | | |
| Email: | Title: | | |
| Phone #: | street | | |
| | city | state | zip |
| Date: | Signature: | | |