

EMPLOYER VERIFICATION FORM

Carlow University partners with a variety of corporations, healthcare systems, educational institutions, social service agencies, and other organizations to offer discounted tuition for their employees who meet certain organization-specific criteria (e.g., role, years of service, etc.) as well as Carlow-specific criteria (e.g., degree type, program of study, etc.).

Questions about eligibility for such a discount should be directed to your Carlow enrollment counselor and/or your employer's human resources department.

This form must be submitted to the Office of Admissions at Carlow University as soon as possible to verify eligibility, and <u>no later than</u> the first day of classes so that applicable discounts can be properly applied to your billing statement. Discounts cannot be honored retroactively. Additionally, this form must be completed and furnished <u>upon request</u> in subsequent semesters.

TO BE COMPLETED BY THE EMPLOYEE/STUDENT

Pittsburgh, PA 15213

Name		ID # or SS #		
Company/	Organization			
Departme	nt			
Title/Posit	ion			
This section sh	MPLETED BY THE EMPL ould be completed by an authorized	human resources representative.		
Title/Position				
	below, I hereby certify that the indivi- organization-specific eligibility crite	•	oloyee, in good standing, who meets	
Employer's Signature		 Date	Date	
Please submit	this completed form via one of the fo	llowing methods:		
By Mail:	Carlow University Office of Admissions	By Fax:	412.578.6321	
	3333 Fifth Avenue	By Email:	admissions@carlow.edu	