

Section A: To be completed by the student

## Saint Joseph's University Partnership Tuition Discount Program Confirmation of Employment

Saint Joseph's University (SJU) is pleased to inform you that you may be eligible for a discount on your billed tuition because of your employer's membership in the SJU Partnership Tuition Discount Program. Certain programmatic restrictions/time limits may apply. In order for the discount to be applied to your account, we must confirm your employment. Please ask your manager or your Human Resources Office to complete Section B of this form and return it to the SJU Financial Aid Office prior to the start of the semester. Please note that this is a one-time verification process.

Name:	SJU Stud	SJU Student ID:	
Address Street	City, State	Zip Code	
Level: Undergraduate Gradu	•		
Signature:		Date:	
Section B: To be completed by your manager	or Human Resources Office		
I certify that the above individual is a current emplo	yee with this organization:		
Organization's Name:			
Department in which the student works:			
Dates of Employment:			
Vour Nama			
Your Title:			
Your Signature:	Date		

## **Upon completion of Section B, please return form to:**

Saint Joseph's University Office of Financial Aid 5600 City Avenue Philadelphia, PA 19131

Phone: 610-660-2500 E-mail: finaid@sju.edu Fax: (610) 660-1019