



Tuition Discount Employer Verification Form

New Jersey City University offers a tuition discount to employees and their spouse, dependent(s), or sibling(s) to our Corporate/Education Partners. The discount applies to students who qualify and are enrolled on either a full-time or part-time basis in specific degree-bound program. To receive the tuition discount employment must be verified by the employer's Human Resources Office and the completed form must be returned to NJCU by September 1st every year.

It is the student's responsibility to have the Employer Verification Form completed by an authorized official and sent to Student Financial Services at NJCU by September 1st every year. The tuition discount will **not** be processed and applied until the completed verification is received by the **due date**. Tuition Discount requests submitted after the due date may not be honored by NJCU. Students may be eligible to apply for state and federal aid programs as well. Total grants including the discount may not exceed the student's direct tuition and fees expense. This discount may not be combined with any other type of NJCU tuition discount or assistance except Merit Award as long as the total amount does not exceed the tuition and fees. Students must complete their FAFSA to be eligible for this discount. A separate form is needed for each person being considered for the discount. Completed forms can be emailed to: NJCU-Affiliates@njcu.edu Please add student name and student ID on subject line of email.

Corporate/Education Name and Location: _____

Employee's Full Name _____
First Initial Last

Request of for: _____ Self _____ Spouse _____ Dependent _____ Sibling

Dependent/Sibling Full Name _____
First Initial Last

NJCU Degree/Certificate Program _____ NJCU Student ID: _____

NJCU Enrollment Period: ☐ Fall term _____ ☐ Spring Term _____ ☐ Summer Term _____

NJCU Credit hours: Fall Credit _____ Spring Credit _____ Summer Credit _____

Employee's Signature _____

To be completed by Employee's Human Resources Office: Please print eligibly. Ink Signature Only.

This is to certify that _____
First Initial Last

is employed at _____ as of this date _____
Corporate/Education Partner and Location

Signature of Certifying Official _____ Date _____ Phone _____

Printed Name _____ Title _____

NJCU/SFS Office Use ONLY:

Accepted: _____ Yes _____ No, Reason _____ Date: _____
Supportive Document Received: _____ Yes. _____ No _____ Date: _____
Group Code: _____ Completed by: _____ Date: _____