



## EMPLOYMENT VERIFICATION FORM

The University of Bridgeport offers a 10 percent tuition discount to employees of participating companies as well as their spouse and dependents. This discount applies to tuition charges only and eligibility must be verified by the employer each semester.

### PART A – TO BE COMPLETED BY THE EMPLOYEE

#### EMPLOYEE INFORMATION

EMPLOYEE NAME

HOME ADDRESS

ADDRESS LINE 2

CITY, STATE, ZIP

PHONE

#### EMPLOYER INFORMATION

EMPLOYER NAME

EMPLOYER ADDRESS

ADDRESS LINE 2

CITY, STATE, ZIP

PHONE

#### STUDENT INFORMATION

STUDENT NAME (if different than above)

UB STUDENT ID NUMBER

Relationship to Employee:  Self  Spouse  Dependent

I understand the discount will not be applied to the student account until this form has been received and processed. The discount goes into effect the first semester after my employer becomes a participating company or when I notify the University of eligibility, and it does not apply to previous semesters. I am responsible for notifying the University of Bridgeport of any changes in my employment status that could affect my eligibility for this discount.

EMPLOYEE SIGNATURE

DATE

### PART B – TO BE COMPLETED BY THE EMPLOYER

I certify that the above named is currently employed at our organization and has been an employee since

\_\_\_\_\_  
HIRE DATE (MONTH/DAY/YEAR)

NAME (PRINTED)

TITLE

SIGNATURE

DATE

*Completed forms should be sent to the University of Bridgeport's Office of Admissions **prior to the start of the semester** to ensure proper processing.*

#### University of Bridgeport | Office of Admissions

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