



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 _____ EMPLOYEE ID _____

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. The form should be sent from the HR office.

University of Bridgeport | Office of Admissions
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