

TO: Office of the University Registrar, La Salle University

FROM (student name/please print): _____ La Salle Student ID# _____

RE: Employer Partnership Program:
Employer Partnership Reimbursement Employee Verification Form

To receive the tuition discount that was agreed upon by your employer and La Salle University, please fill out Part A and have your employer provide documentation specified in Part B.

Please fax the Employer Partnership Reimbursement Employee Verification Form along with the documentation to 215-951-1785; scan and email to regacct@lasalle.edu; or mail to La Salle University, Office of the University Registrar, 1900 W Olney Avenue, Philadelphia PA, 19141.

Part A

Semester (i.e. Fall 2018) _____

Program: _____

Level (circle one): Undergraduate Student / Graduate Student / Doctoral Student

Phone Number: _____ Email: _____

Student Signature: _____

La Salle ID#: _____ Date: _____

Part B

Please have your HR department/employer provide documentation or a letter verifying your current employment on company letterhead.