



Tuition Discount Program Student Contract

I, _____, verify that I am employed
at _____ .

I understand that my corporate tuition discount remains in effect only while I am employed at this institution and will terminate should I leave this institution for any reason.

I understand that I am responsible for any fees incurred as a result of my default of this contract and that random checks of employment status may be done to verify the validity of this contract.

If I should leave my position or the position should be terminated for any reason, I will notify the Office of Student Services at Duquesne University School of Nursing within seven (7) working days of my change of status.

Student Name (please print) _____

Student Signature _____ Date _____

Assistant Dean
Student Services _____ Date _____

Send completed form to:

Duquesne University School of Nursing
Office of Student Services
544 Fisher Hall
600 Forbes Avenue
Pittsburgh PA 15282-1760



Tuition Discount Program Employer Verification

To the employer: Please complete this form and return to the employee.

Employee Name: _____

Employee Address: _____

Employed at (institution name): _____

Address: _____

Status: Full-time Part-time

Employment start date: _____

Employee signature _____ Date _____

Human Resources
Department signature _____ Date _____

Address _____

Phone _____

Email _____