



# 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 Affairs at Duquesne University School of Nursing within seven (7) working days of my change of status.

Student Name \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Assistant Dean  
Student Affairs \_\_\_\_\_ Date \_\_\_\_\_

Email completed form to: [Dr. Catherine DeLuca](#)



# 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 \_\_\_\_\_