TO: Office of the University Registrar, La Salle University

FROM (student name, please print): ________________________________

RE: Employee Discount

To receive the student 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 this form along with the documentation to 215-951-1875; scan and email to registrar@lasalle.edu; or mail to Office of the University Registrar, La Salle University, 1900 W Olney Avenue, Philadelphia PA, 19141.

Part A

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.