



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](mailto: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.

**Note:**

- **Verification Form and letter must be submitted by the tuition due date for each semester**
- **You may be subject to a late fee if form is not received by the tuition payment due date**
- **No retroactive awards for previously enrolled semesters may be made.**