

**Eligibility Requirement:** Employees, their spouses, or dependents (age 23 or younger) of Nebraska Medicine, Nebraska Orthopedic Hospital, Community Hospital Association, Inc. (Fairfax), Clarkson Regional Health Services private practice physicians who are on the active medical staff of these same hospitals, Clarkson College and Children's Physician's may receive the Founder's tuition rate, if all other eligibility criteria are met. **This form must be completed and submitted every semester.**

**STUDENT/EMPLOYEE INFORMATION**

PLEASE PRINT FORM

Employee name \_\_\_\_\_

Home address \_\_\_\_\_

STREET

CITY STATE ZIP

Home phone \_\_\_\_\_

Preferred phone \_\_\_\_\_

Employee \_\_\_\_\_

title \_\_\_\_\_

Employee hire date \_\_\_\_\_

(MM/DD/YYYY)

Employer name \_\_\_\_\_

Department name \_\_\_\_\_

Department address \_\_\_\_\_

STREET

CITY STATE ZIP

Department \_\_\_\_\_

phone \_\_\_\_\_

Supervisor name \_\_\_\_\_

Supervisor title \_\_\_\_\_

Supervisor phone \_\_\_\_\_

Supervisor signature \_\_\_\_\_

Employee current employment status  Full-time (AT LEAST .9 FTE) Part-time (AT LEAST .4 FTE) Adjunct Faculty/Casual**DEPENDENT INFORMATION**

Student name \_\_\_\_\_

Student's relationship to \_\_\_\_\_

employee \_\_\_\_\_

Student address \_\_\_\_\_

STREET

CITY STATE ZIP

Student date of birth \_\_\_\_\_

(MM/DD/YYYY)

Program of study \_\_\_\_\_

**INSTRUCTIONS**

The following criteria must be met to be eligible for the Partnership Tuition Rate (see above for Eligibility Requirement):

1. The employee must be employed full-time (at least .9 FTE) or part-time (at least .4 FTE) for at least six months or employed for 12 months for casual or adjunct faculty.
2. Employee must be employed for 12 months to receive the benefit if casual or adjunct faculty.
3. **Employee status must be maintained while a student at Clarkson College. Students must notify Student accounts of a change in employment status.** An employee whose employment status has changed from full-time to part-time may be eligible for the Partnership Tuition Rate, if the employee has worked continuously for at least six months.
4. **Every semester, the employee must complete this form,** and obtain the appropriate signatures from the supervisor, human resources representative and the student (if the student is someone other than the employee). Submit the completed form to the Clarkson College Student Financial Services office.
5. The student is responsible for payment of tuition and fees to Clarkson College by the tuition payment due date. Failure to comply with this payment policy may result in late payment fees.

**STATEMENT OF UNDERSTANDING**

I authorize official representatives of Clarkson College to verify information provided on this verification form. Clarkson College is selective and meeting all criteria for admission does not guarantee admission or participation in this program. I understand that Clarkson College may limit the number of students allowed to participate in the Nebraska Medicine tuition rate program, and tuition and fees are subject to change.

**CERTIFICATION**

I hereby certify that I have read this verification form. Falsification or omission of information may result in disqualification of the Nebraska Medicine tuition rate and I am responsible for payment of tuition and fees. I agree to abide by the terms set forth in this document. I understand a change in employment status may disqualify me from the Partnership Tuition Rate.

\_\_\_\_\_  
EMPLOYEE SIGNATURE\_\_\_\_\_  
DATE\_\_\_\_\_  
HUMAN RESOURCES REPRESENTATIVE SIGNATURE\_\_\_\_\_  
DATE