



Prepare to be the best.

Partnership Verification Form

THIS FORM MUST BE COMPLETED EVERY SEMESTER

Eligibility Requirement: Employees, their spouses or dependents (age 23 or younger) of Nebraska Medicine, Nebraska Orthopaedic Hospital, Shenandoah 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)

Employee current employment status Full-time (AT LEAST .9 FTE)

Part-time (AT LEAST .4 FTE)

Employer name _____

Department name _____

Department address _____

STREET

CITY STATE ZIP

Department phone _____

Supervisor name _____

Supervisor title _____

Supervisor phone _____

Supervisor signature _____

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 Nebraska Medicine 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.
2. **Employee status must be maintained while a student at Clarkson College. Students must notify Student Financial Services of a change in employment status.** An employee whose employment status has changed from full-time to part-time may be eligible for the Founder’s Partnership Tuition Rate, as long as the employee has worked continuously for at least six months.
3. **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.
4. 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

STUDENT SIGNATURE

DATE

HUMAN RESOURCES REPRESENTATIVE SIGNATURE

DATE

Student Financial Services 101 S 42 Street Omaha, NE 68131 PH 402 552 2749