



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 Clarkson College, Nebraska Medicine (NMC, Bellevue, UNMC Physicians Clinics), Nebraska Orthopaedic Hospital, Shenandoah Hospital and Community Hospital Association, Inc. (Fairfax) may receive the Partnership tuition rate, if all other eligibility criteria are met. Private practice physicians who are on the active medical staff of these same hospitals; their spouses or dependents (age 23 or younger) may receive the Partnership 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 \_\_\_\_\_

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

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

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

CITY STATE ZIP

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

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

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

(MM/DD/YYYY)

Employee current employment status  Full-time (AT LEAST .9 FTE)  Part-time (AT LEAST .4 FTE)

**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) for at least six months or part-time (at least .4 FTE) for at least four years.
2. **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 maybe eligible for the Nebraska Medicine Partnership Tuition Rate, as long as the employee has worked continuously for at least four years at Nebraska Medicine.
3. **Every semester, the employee must complete this form**, and obtain the appropriate signatures from the human resources representative and the student (if the student is someone other than the employee). Human Resources will submit the completed form to the Clarkson College Student Accounts 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 Partnership 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