



EMPLOYEE VERIFICATION FORM

NAME: _____ STUDENT ID: _____
Last First

EMPLOYER NAME: _____

START TERM: _____ YEAR: _____ TYPE OF COURSE(S): Undergraduate
 Graduate
 Doctoral

*Note: If you are planning to apply for financial aid, you must complete a Declaration of Outside Tuition Assistance (OUT) Form. Please visit <http://www.franklin.edu/financial-aid/financial-aid-forms/> to download the form.

Recipients of tuition benefits are not eligible to apply for or to receive additional tuition benefits/scholarships administered by Franklin University.

ACADEMIC INTEGRITY

The purpose of education is to advance one's own intellectual skills and knowledge and to demonstrate the outcomes of these efforts. An essential and shared value in higher education is presenting one's own work and properly acknowledging that or others. Any violation of this principle constitutes as academic dishonesty and will result in disciplinary action, as well as the forfeiture of all tuition benefits.

By signing below, the student is providing the most recent information to the best of their knowledge and any falsification of this document will result in disciplinary sanctions including, but not limited to, probation, suspension, dismissal or restitution.

Signature of Student: _____ Date: _____

Instructions for student: Please submit this application to the designated Organization's Representative for eligibility verification. Initial submission of the form must be submitted to Franklin University at least ten (10) business days prior to the start of courses within the existing or upcoming academic term that tuition benefit is desired. After the initial employee verification has been submitted and approved, the employee verification form can be submitted once a year.

To Be Completed by Employer/ Human Resources to verify Employee Status

The applicant is currently an employee of _____
 Eligible for Tuition Reimbursement

Signature Date

Printed Name Title

Instructions for Organization's Representative: Please email the completed form to Bill.Chan@franklin.edu.

Signature of Franklin University Date

TO BE COMPLETED BY FRANKLIN UNIVERSITY

Undergraduate Graduate Doctoral
Tuition Rate Reduction _____% FUB Approval _____

BO Processed By _____ Date _____

Franklin University is proud to have collaborative relationships with organizations through our Partnership Program. The collaboration focuses on providing accessible associate, bachelor, master, and doctoral degree programs for partnering organizations in the local community. The Partnership Agreement illustrates both organizations' dedication to lifelong learning and development.

Participation Criterion:

1. The organization employing the student has a Partnership Agreement with Franklin University through the Partnership Program.
2. Students must be full-or part-time permanent employees or eligible members/affiliates of the organization. Temporary employees, work-study students, and employees of company vendors and contracted service providers are not eligible for tuition reduction.
3. Students must complete the Employee Verification Application form and submit to a company representative to verify affiliation.
4. Tuition charges eligible for reduction must be accrued after the execution of a Partnership Agreement with the organization. Tuition accrued prior to the execution of the Partnership Agreement is not eligible for tuition benefits.
5. The tuition benefit will cease immediately if the students' employment or membership at the organization terminates, or if the student becomes delinquent in paying their tuition.
6. The tuition benefit is for Franklin University tuition only, and does not extend to books, other supplemental materials, or other educational organizations.