



## Employment Verification Form

MidAmerica Nazarene University's School of Professional and Graduate Studies offers a tuition discount (of select programs listed below) to students who are employed by a company or organization recognized in the Family Education Discount Program, Preferred Education Provider Program, School District Group Discount, or other rewarding partnerships. Please note:

- Business Affiliates are responsible to advise their employees through their respective company communication methods of any Family Education Discount agreement with MNU. *Please check with your Human Resources department to confirm any qualifying discount.*
- Family Education Discounts will be effective for the first full term following receipt of a completed, signed Employee Verification Form in the SPGS Admissions Office and will not be retroactive for prior terms or courses. Discounts are not contingent upon business affiliate contract initiation date or student program start date.
- Students readmitting to MNU after a full semester break will need to submit a current Employee Verification Form to reinstitute a qualifying discount.
- Discounts are not stackable; i.e., students are not eligible to receive multiple discounts during an attendance period.

To authorize and initiate the discount, this **Employment Verification Form** must be completed and on file in the MNU School of Professional and Graduate Studies Admissions Office. Forms can be emailed to [pgadmissions@mnu.edu](mailto:pgadmissions@mnu.edu), faxed to 913-971-3008, or delivered to 13563 S. Mur-Len Road, Olathe, KS 66062. The student is responsible for ensuring receipt of this form at the SPGS Admissions Office.

\_\_\_\_\_  
Employee Name *(Please print)*

\_\_\_\_\_  
Employee Title/Position

\_\_\_\_\_  
Student Name *(if different from above)*

\_\_\_\_\_  
Student relationship to employee *(if not self)*

\_\_\_\_\_  
Company/Organization Name

\_\_\_\_\_  
Company/Organization City, State, Zip

Chamber of Commerce Affiliation  no  yes

Circle one *(if applicable)*: **Olathe Chamber**    **Liberty Chamber**

Circle one: Student is a **new / current / returning MNU** student.

Select the program in which the student plans to enroll or is currently enrolled:

- BA in Accelerated Elementary Education
- BA in Business Administration
- BA in Organizational Leadership
- BS in Computer Information Systems
- RN-BSN or RN-MSN
- Master in Business Administration
- Master in Business Administration-Healthcare Mgmt

- Master of Science in Instructional Design & Development
- Master of Science in Management
- Master of Education
- Master of Science in Nursing
- MSN/MBA Dual Degree
- Certificate (please specify program) \_\_\_\_\_

By signing and submitting this verification form, I understand and agree to the terms of the tuition discount benefit:

1. I understand I am responsible for paying all tuition, fees and other costs associated with the program on time and will abide by the terms of the agreed upon payment option and promissory note.
2. I understand that the tuition discount will apply as long as I am (or applicable immediate family member is) continuously employed by the company/organization with which the partnership was created, or until the partnership dissolves. I understand it is my responsibility to notify MNU of a change in this employment, and will do so within 5 business days of the change.
3. I understand that the employer with which MNU has partnered has no responsibility of payment of my tuition, fees or other associated costs.
4. I understand that receipt of the tuition discount benefit when applied MAY result in an adjustment to any federal financial aid awarded.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature *(if not employee)*

\_\_\_\_\_  
Date

As a representative of the partnering company/organization, my signature verifies that the above employee is currently employed by the above company. I understand this does not imply that the company is responsible for payment of any tuition or fees on behalf of the student.

\_\_\_\_\_  
Company Representative Name *(Please print)*

\_\_\_\_\_  
Company Representative Signature *(HR rep, supervisor, etc.)*

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number