

Employees of CGU partners should complete this form and upload it with the application for admission to CGU or email to admissions@cgu.edu. Please complete this verification of employment form by obtaining signature from your Human Resources Department.

Employee Information

Last Name _____ First Name _____

Title _____

Employer Name _____

CGU Student / Applicant Information

Last Name _____ First Name _____

Relationship to Employee (select one):

Self Spouse Dependent

Academic Program _____

Employer Certification

Please indicate if the individual named in the above CGU Student / Applicant Information is eligible to receive tuition remission benefits from your institution. Indicate N/A if not available.

Benefits Provided by Employer _____

Effective Date _____

This signature acknowledges that the individual named on the employee line of this document is a current employee as of the date of this document.

HR Representative Name and Institution _____

Signature _____ Date _____

Submit completed form to the Admissions Office

admissions@cgu.edu

FOR INTERNAL USE ONLY

Received by:

Date: