

## Verification of Employment Claremont Consortium Partners

## **Office of Admissions**

121 East Tenth Street, Claremont, CA 91711 • Ph. (909) 607-7111 • admissions@cgu.edu

Employees of consortium partners should complete this form after applying to and gaining admission to a CGU academic degree program. Please complete this verification of employment form and return to admissions@cgu.edu after obtaining the signature by your Human Resources Department. This form is not for use by alumni of consortium partners.

Employee Information							
Last Name		First Name					
Title							
Employer (select one):							
Claremont McKenna	KGI	Harvey Mudd	Pitzer	Pomona	Scripps	TCCS	
CGU Student / Applicant Informa	<u>tion</u>						
Last Name	ast Name First Name						
Relationship to Employee (select	t one):						
Self Spouse	Depende	ent					
Academic Program							
Employer Certification							
Please indicate if the indivdual nam benefits from your institution. Indicated			t / Applicant I	nformation is el	ligible to receiv	e tuition remission	
Benefits Provided by Employer							
Effective Date							
This signature acknowledges that t	the individ	lual named on the e	mplovee line	of this docume	nt is a current	emplovee as of the	
date of this document.							
HR Representative Name and Ins	stitution _						
Signature							
				<b>р</b> (			

## Submit completed form to the Admissions Office

admissions@cgu.edu

FOR INTERNAL USE ONLY

Received by: