

## Community Partnership Tuition Program

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Semester: \_\_\_\_\_ Major: \_\_\_\_\_

Please select:  YMCA Employee  Elliot Laboratory Employee

As the supervisor, I attest that the above student meets the employment guidelines to partake in the Community Partnership Tuition Discount Program at UNH Manchester.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student:** Please note that your student account will be billed following normal University procedures. Each semester, in order to receive the tuition discount, each student must complete and turn in this verification form to the Business Office. Once the form is completed, received and approved, UNH Manchester will adjust your tuition charges to the discounted rate.

I acknowledge that I have read this document before signing it.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_