



## Employment Eligibility Verification

National University is pleased to offer a Guaranteed Scholarship to university partners and their employees. To become eligible, you must be admitted in accordance with National University's existing admission requirements and processes for undergraduate and graduate level coursework and be currently employed by a university partner.

To validate your current employment, please complete the form below. Your name, company name and the date must be legible on the document. If you are enrolled into one of the 'approved spouse/dependent' partnership program(s), you must provide verification that your spouse or parent is a current employee of the contracted university partner by providing a letter of verification by the employer. Students that enroll must provide proof of employment eligibility annually. In order to continue your eligibility, you must be and remain affiliated with the organization that has an agreement with the university as stated in the contracted terms.

### SECTION I: Employee's Information and Attestation

I attest that I am currently employed with the organization mentioned in Section 1 or my spouse or parent qualifies under the 'approved spouse/dependent' partnership program.

Student's Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Business Telephone \_\_\_\_\_ Work Email \_\_\_\_\_

Company \_\_\_\_\_ Job Title \_\_\_\_\_

Company Address \_\_\_\_\_

If you are not presently employed with the University Partner, indicate your last date of employment \_\_\_\_\_

**Employee/Student Certification (to be completed and signed by person in Section I)**

**To the best of my knowledge the information is true and correct. I authorize release of employment information as request below:**

Signature of Employee/Student \_\_\_\_\_

Date \_\_\_\_\_

### SECTION II: Employer Review and Verification (to be completed by current employer)

The individual named in Section I is/was employed beginning \_\_\_\_\_

Please check one of the following boxes with regards to the employee's current status:

is still employed by the company

voluntary termination effective \_\_\_\_\_

involuntary termination effective \_\_\_\_\_

**CERTIFICATION:** I attest that I have examined the document(s) presented by the above-named employee, (1) the above information appear to be genuine and relate to the employee named, and (2) to the best of my knowledge the student is a current employee or qualifies under the 'approved spouse/dependent' partnership program.

Signature of person completing Employer's Section \_\_\_\_\_

Print Name Title \_\_\_\_\_

Business Telephone \_\_\_\_\_

Business Email \_\_\_\_\_

Employee / Badge Number \_\_\_\_\_