

Corporate Partners Discount

ELIGIBILITY AND GUIDELINES

- Eligible candidates are employees, their spouse, and their dependents. A dependent qualifies if they meet the definition of the IRS guidelines.
- This form does not guarantee admission to Bluffton University. Candidates are to complete the specific admissions criteria of their particular school of interest.
- Accepted students must comply with all rules, regulations, policies and standards of Bluffton University.
- Enrollment capacity may be limited. Accepted students are required to contact the specific school of interest to verify space and official starting dates.
- Bluffton's Corporate Partner and Education Partner Programs provide benefit-eligible employees and their immediate families a 20 percent tuition discount on Bluffton University graduate degree programs and a \$1,000 grant on undergraduate programs in addition to existing aid.
- Bluffton University's programs that have partnerships with other schools are not included in the Corporate Partners program.

PROCEDURES

This form must be submitted no earlier than 2 months prior to the start of the academic term.

Please complete the following steps to verify eligibility.

1. Complete the form in its entirety.
2. Submit this form each semester you plan to enroll in courses.
3. Obtain the appropriate signature from your HR representative or designated official.
4. Email the completed form to admissions@bluffton.edu.
5. If you have questions, please contact the Admissions office:
Phone: 419-358-3257
Email: admissions@bluffton.edu
6. If your student account is not paid in full by the published payment deadline, you will be subject to a late fee.

This form must be submitted per academic year before the final payment deadline.

Corporate Partners Discount**VERIFICATION FORM****STUDENT INFORMATION - REQUIRED**Name: _____
Last First Middle initialRelationship to OhioHealth: Associate Spouse Dependent I have employer reimbursement. *Policy should be submitted along with this form.*

Preferred Email Address: _____

Preferred Phone: _____

EDUCATIONAL PLANS

Start term: _____

I plan to register for: Fall _____ Spring _____ Summer _____

Program: Bachelor's Master's**SIGNATURES**

Signature of Participant _____ Date _____

Associate Signature (if different) _____ Date _____

***By accepting this agreement, I understand that information may be shared with my employer and that employment with OhioHealth is required to receive and maintain the discount.*

This is to certify that the above-named prospective student is eligible for the Corporate Partners Discount provided through Bluffton University. The prospective student is in good standing with OhioHealth.

Name of associate: _____

Signature of HR representative _____ Date _____