

CORPORATE PARTNERS

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. Ilf 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.



1 University Drive Bluffton, Ohio 45817-2104 Bluffton University's nondiscrimination statement can be found at www.bluffton.edu/nondiscrimination-student





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VERIFICATION FORM

STUDENT INFORMATION - REQUIRED			
Name:	First	Middle initial	
Relationship to Garber Electrical Co	ontractors, Inc.: 🗆 Employee	☐ Spouse ☐ Depender	nt
☐ I have employer reimbursement	. Policy should be submitted al	long with this form.	
Preferred Email Address:			
Preferred Phone:			
EDUCATIONAL PLANS			
Start term:		_	
I plan to register for: Fall	Spring Summer	_	
Program: Bachelor's DM	aster's		
SIGNATURES			
Signature of Participant		Date	
Employee Signature (if different)		Date	
**By accepting this agreeme and that employment with Garber B	ent, I understand that informatio Electrical Contractors, Inc. is req		, ,
This is to certify that the above-na Discount provided through Bluffto Garber Electrical Contractors, Inc.	on University. The prospective		
Name of employee:			
Signature of HR representative		Date	



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