

Health Services Partner Affiliate New Student Group Confirmation



(To be completed by organization manager, registrar or officer)

Health Service Partner Name: _____

WCU has established a Health Services Partner Grant in order to promote online higher education to the employees of WCU's Health Services Partners. Grant amounts vary but will not exceed 10% of tuition charges each term (15% if group of three or more new students from the same Health Services Partner enroll for the same start date).

Please print below the full names of the individuals associated with your organization who expect to enroll for a degree program at West Coast University beginning _____:

1. _____
2. _____
3. _____
4. _____
5. _____

Indicate below the affiliation type for your organization:

- Current Employee Graduate Current Member

*Note: Each individual listed must also complete and return a WCU Health Services Partner Grant application, available on our secure student portal to receive the grant discount.

By signing below, I attest that the individuals listed above are all currently affiliated with my organization as noted.

Print Name: _____

Title: _____

Signature: _____

Date: _____