



UNIVERSITY OF LA VERNE

Partnership in Education Program

Date: _____

Student's Name: _____

Student I.D. # _____

According to the terms of the institutional tuition agreement between the University of La Verne and the Western University of Health Sciences, the above student is eligible for a 20% reduction of tuition. The student will be taking the following courses at the University of La Verne.

Course Number	Course Title	Number of Units	Term

These courses do not conflict with the student's work responsibilities, and it will not be a hardship for the Western University of Health Sciences to allow the student to attend classes.

 Mark Haupt
 Director, Total Rewards
 Western University of Health Sciences

Date

 Xochitl Martinez
 Director of Student Accounts
 University of La Verne

Date

Exemption Code: 520 Tuition Remission Amt:	For Student Accounts Use:	Date: SA Initials:
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