



## Tuition Discount Attestation

\_\_\_\_\_ I attest that I am currently employed by Unity Point Health with an FTE status of 0.40 or greater. I attest that I satisfied this employment requirement prior to the first day of the semester. I understand that the discount will go into effect for the semester immediately following my satisfaction of the employment requirement and will not be applied retroactively.

\_\_\_\_\_ I understand that I will lose the tuition discount should my employment status with Unity Point Health change. I understand that it is my responsibility to notify Trinity College of Nursing & Health Sciences of any changes in my employment status with UPH as soon as the change occurs.

\_\_\_\_\_ I understand that Trinity College of Nursing & Health Sciences will verify my employment status with UPH Human Resources prior to the start of each new semester.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date