



Effective beginning Spring 2019 Term, Framingham State University (FSU) will offer a 10% discount to employees of the companies/organizations listed below who enroll in credit-bearing undergraduate or graduate courses offered through Graduate Studies and Continuing Education (DGCE).

**Akamai Technologies**  
**athenahealth, Inc.**  
**Atrius Health**  
**BJ's Wholesale Corporate Office**  
**Blue Cross Blue Shield of MA**  
**Bose**  
**Boston Scientific Corporation**  
**City of Framingham**  
**Comcast**  
**Commonwealth Financial Network**  
**Cumberland Farms**  
**CVS Health**  
**Dell/EMC**  
**Emerson Hospital**  
**Eversource**

**GE Life Sciences**  
**Kronos Inc.**  
**Lake Pharma**  
**MathWorks**  
**MetroWest Medical Center**  
**Partners Healthcare**  
**RxAdvance**  
**Sanofi Genzymes**  
**Staples**  
**State Street Corporation**  
**SunLife Financial**  
**The Hanover Insurance Group, Inc.**  
**TJX Corporation**  
**TripAdvisor**  
**Virtusa Corporation**

Individuals interested in enrolling in a credit-bearing undergraduate or graduate course may use this form to verify employment and will be required to have it signed by their employer's Human Resources/Employee Benefits Department.

The individual will then need to send completed form then email, fax, or drop-off in person completed Employment Verification Form to the Student Accounts/Bursars Office. Once the individual has enrolled in a DGCE credit-bearing course, the Student Accounts/Bursars Office will then apply the discount code against the amount due.

.....  
**Please fill out the following:**

FSU Student ID (if known): \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
Name of Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Human Resource Contact: \_\_\_\_\_ Contact Phone#: \_\_\_\_\_

Human Resource Signature: \_\_\_\_\_ Date: \_\_\_\_\_