



## Student Eligibility Form

### STUDENT

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Email Address Phone Number Zip Code

### DEALERSHIP EMPLOYEE

\_\_\_\_\_  
Last Name First Name Employee S-ID

Relationship Self Spouse Child

### DEALERSHIP

\_\_\_\_\_  
Name Dealer Code

I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

\_\_\_\_\_  
Signature Date

### Authorized Approver

I hereby grant the above named employee permission to enroll in the Degrees@Work Program at Strayer University.

\_\_\_\_\_  
Signature Print Name

\_\_\_\_\_  
Date

Submit this completed form to the Strayer University Business Office at **employersupport@strayer.edu**.

25-6354