UNIVERSITY OF WISCONSIN SYSTEM

DATE:

TO:

FROM:

RE: UW System Student Health Care Worker Program

NAME OF HEALTH CARE FACILITY:

ADDRESS:

CITY: STATE: ZIP

Please know that has worked at least 50 hours at this facility between the dates of December 1, 2021 and February 28, 2022 working in the role checked below:

☐RN ☐LPN ☐CMA ☐CNA ☐CEMT ☐Nursing/Resident Assistant

This work should qualify the student for the UW System's tuition refund as announced in December of 2021.

If you have any questions about this form or eligibility, please contact Christine Vandenhouten, at vandenhc@uwgb.edu

Signature of Healthcare Facility Representative

Date

Printed Name of Healthcare Facility Representative

Title/Position

Email address

Phone Number

TO BE COMPLETED BY THE STUDENT:

Student Name

Student ID Number

STUDENT: Please submit completed form to the Bursar on your UW campus no later than March 31, 2022.