

**PONL Partnership Member Verification**

First Name Click here to enter text.

Middle Name Click here to enter text.

Last Name Click here to enter text.

Place of Employment Click here to enter text.

Address of Employment Click here to enter text.

**Dependent Information**If you are seeking benefit for a dependent please provide name and complete Gannon Information

Name of dependent student Click here to enter text.

**Gannon Information**

Please select the following:
Undergraduate [ ]
Graduate [ ]

Academic Program Click here to enter text.

Start term (example Fall 2017) Click here to enter text.

Have you/dependent applied to Gannon University?
Yes [ ]
No [ ]

This PONL Member Verification form should be sent to Gannon University via email at partnerships@gannon.edu. Upon PONL validation, the agreed upon discount will be applied to the student’s account.

**Any questions regarding enrollment please contact:**

Office of Undergraduate Admissions Graduate Admissions Office
Lauren Theisen | 814.871.5563 Zach Schafer | 814.871.5813