



Values. Voice. Vision.

Ursuline College Accelerated Program Tuition Deferment Form

Semester _____

Name: _____ ID: _____

Address: _____ Phone: _____

City State Zip

Amount to be Deferred: _____

I understand the amount above is due in full 30 days after the semester ends. In the event that payment is not made, I authorize Ursuline College to charge my credit card on the above date for the deferred amount plus any past due tuition and fees, if applicable.

MC/Visa Number _____ - _____ - _____ - _____

Expiration Date _____ **Security Code** _____

Signature _____ **Date** _____

Please attach a current copy of your company's tuition reimbursement plan and submit the \$25 deferment fee by check, cash or credit card. Questions about the deferment program or the status of your account can be answered by Carol Grabner at 440-684-6130. Completed forms can be faxed to 440-684-6128.

For Ursuline College Use Only

Copy of Company Policy Received _____ % of Reimbursement _____
(date)

\$25 Deferment Fee Received _____ Check # _____ MC/Visa _____
(date)