



Ursuline College Tuition Deferment Form For Employer Tuition Reimbursement

Semester _____

Name: _____ ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Amount to be Deferred: _____

I understand that I am fully responsible for the outstanding balance regardless of when my employer provides the reimbursement, and that the amount above is due in full 30 days after class ends. In the event that payment is not made, a \$200 late fee may be assessed. The account will begin accruing interest at a rate of 12% per year.

(Initial)

Please attach a copy of your company's tuition reimbursement plan. The \$25 fee will be applied to your account.

Questions regarding the deferment program or status of your account may be answered by calling 440-646-8309

Ursuline College Use Only

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

\$25 Deferment Fee Applied to Account _____
(Date)