

Tuition Deferment/Company Reimbursement Agreement

Name _____ Student ID _____
Last Name First Name

Address _____
Street Address City State Zip

Employer/Company Name _____

Company Address _____ Company Phone _____
City State Zip

Instructions

- ☐ I have indicated above which semester and year I am requesting a tuition deferment for and supplied all required information.
- ☐ I have attached a current copy of my Employer's/Company's Tuition Benefit/Reimbursement Policy.
- ☐ The Employer Certification section is complete and certifies that I am eligible to receive these tuition benefits.
- ☐ A \$35 Tuition Deferment Fee must be paid before form will be processed.
 - ☐ Check is included with form
 - ☐ Check mailed separately with student name and deferment plan listed on the memo line
 - ☐ Credit/Debit Card payment was made online via student's CashNet account
- ☐ Return completed form with all documentation to the Student Service Center at 2250 Lander Rd, Pepper Pike, OH 44124 fax 440-449-4201 or studentservicesUC@gannon.edu.

Student Certification

My Company's Tuition Benefit/Reimbursement Policy covers:

- ☐ 100% Tuition Reimbursement
- ☐ Partial Reimbursement
 - ☐ Amount \$ _____ (semester)
- ☐ I agree to pay all tuition and fees not covered by my company when due (by the start of the semester) or enroll in a payment plan.

I understand the amount above will be paid in full within 30 days from the last day of the semester or I will be liable for a \$50.00 late fee. Company or grade delays will have no effect on the payment due date. It is understood that I will be reimbursed directly by my company, and I will be responsible for the full amount of tuition and fees charged in accordance with the published refund policy. Also, it is understood that this application constitutes a legal and binding agreement, and I will be liable for all reasonable collection costs, including attorney fees and other charges necessary for the collections of any amount not paid when due.

 Student Signature

 Date

To Be Completed By Employer

Conditions of Reimbursement

Please list the percentage and conditions of the company reimbursement policy _____

I hereby certify that the above-named employee is eligible for tuition reimbursement subject to the conditions listed above. It is also understood that the employee will be reimbursed directly, and that the employee is responsible for payment of tuition balance to Ursuline College.

 Authorized Company Representative (print name)

 Signature

 Date

Office Use Only

Copy of Employer/Company Reimbursement Policy Received _____
Date

Amount of Reimbursement Eligible to Receive _____ % or \$ _____

\$35 Deferment Fee Received _____
Date

Check # _____ Credit/Debit Online Payment _____

Deferment Processed _____
School Representative Date