

Student Accounts

COMPANY REIMBURSEMENT FORM

STUDENT'S NAME (please print):			
STUDENT'S UNIVERSITY ID NUMBER:			
COMPANY NAME: COMPANY ADDRESS: Please indicate below the tuition \$ amount or tuition % and time period of the company reimbursement.			
		PERCENTAGE or DOLLAR AMOUNT COVERED: % TIME PERIOD (Circle 1 of the 2):This Term Only: Tuition that is covered by Company Reimbursement will be defer Fall Trimester- January 15th, Spring Trimester- May 15th, and	rred until the end of the term according to the following due dates:
		For students reimbursed for tuition by their employers, the Unifinancial aid funds assistance. All financial aid funds are applied institutional charges are paid. If financial aid funds do not cover	****************** versity will allow a deferral of tuition payment after deduction of any d to tuition charges and fees first. Funds cannot be released until all full tuition, the remaining tuition balance can be deferred under the for deferment; all other charges/fees are due by the standard due date
	nay affect eligibility for tuition reimbursement from their company. It is any policy regarding company reimbursement. Invoices provided to hips received.		
	the student must pay the portion not eligible for deferment in full or sign ment due date. Payments must be made according to payment plan option		
Missing a deadline may revoke the privilege of using the registrations. Payment must be received by the Student Account	nsible for payment of the full amount to the University by the due date. Company Reimbursement Payment Plan Option at future its Office on or before the due dates to avoid a nonrefundable \$50 late id balance. All other payment policies of the Academic Catalog remain		
	y by submitting a new form to the Student Accounts Office prior to anges place of employment, experiences a change in company policy,		
Students may not use the Company Reimbursement Payment companies from which they seek reimbursement.	Plan Option if they are the owners of or majority stockholders in the		
I have read and agree to the aforementioned payment agreement and hereby give my consent to the Office of Student Accounts to release information to and discuss	Employer's Verification:		
my student account with my employer:	Employer's Name and Title (please print)		
Student's Signature	Employer's Signature		
Work Phone Number:	Employer's Phone Number:		
Date:	Date:		

Form last revised on 10/29/2024