

## **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	or \$  Indicate Term  or Calendar Year: 2026  Indicate Term  rred until the end of the term according to the following due dates:
		Fall Trimester- January 15th, Spring Trimester- May 15th, and	d Summer Trimester- September 15 <sup>th</sup> .
For students reimbursed for tuition by their employers, the Univ financial 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 nent due date. Payments must be made according to payment plan option		
Missing a deadline may revoke the privilege of using the oregistrations. 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 ts Office on or before the due dates to avoid a nonrefundable \$50 late id balance. All other payment policies of the Academic Catalog remain		
The Company Reimbursement form must be renewed annually January 1 each year. A new form is also required if the student ch withdraws, or does not enroll for a trimester.	anges place of employment, experiences a change in company policy,		
Students may not use the Company Reimbursement Payment I 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:		