COMPANY REIMBURSEMENT FORM Return to: PEPPERDINE UNIVERSITY OFFICE OF STUDENT ACCOUNTS

STUDENT'S NAME: (Please Print)	
STUDENT'S UNIVERSITY ID NUMBER:	
COMPANY NAME: COMPANY ADDRESS/EMAIL: Please choose only one of the options below: for either the dollar amt OR percentage covered, AND then the appropriate time period that amount applies:	
PERCENTAGE OF TUITION COVERED A (Circle 1 of the 4) This Term Only Calendar Year_	AND FOR WHAT TIME PERIOD:% Academic Year Entire Program
*******	*******
Tuition that is covered by Company Reimbursement will following due dates: Fall Trimester- January 15 th , Sprin September 15 th . If the company reimbursed less than 10 th balance, or the portion not eligible for company reimburse Payment Option.	ng Trimester- May 15 th , and Summer Trimester- 0% of the total tuition, the student must pay the remaining
The student is ultimately responsible for payment of a of the company's agreement. Accordingly, the student in payment of all charges. The student is responsible for ensured due date. In the event that payment is not received by due non-refundable late fee of \$50.00 and daily delinquency of	nust make arrangements each trimester to ensure ultimate uring that any outstanding balance is paid on or before the date, the student's account will be charged a
Students should also be aware that the receipt of financial eligibility for tuition reimbursement from their company. their company policy regarding company reimbursement. reflect grants and/or scholarships received.	It is the students' responsibility to review and understand
This agreement must be submitted at the start of each new attend for one or more terms, the student's company chan employed by the company. Failure to timely submit prop and the student's account being automatically placed on the	ges policy or amount covered, or the student is no longer er documentation will result in loss of deferment privileges
I have read and agree to the aforementioned payment Student Accounts to release information to and discus	agreement and hereby give my consent to the Office of s my student account with my employer:
Student's Signature	Employer's Name and Title (please print)
Work phone number:	Employer's Phone Number:
Date:	
Form Last Revised 1/17/09	Employer's Signature