Student Financial Services
Division of Enrollment Services
and Student Success

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Employer Tuition Reimbursement Deferred Payment Plan

This plan is to assist students who are reimbursed by their employer after they complete their course. This form must be completed and signed by the student in all instances in which the University agrees to defer full or partial payment of tuition and fees against a promise from the student's employer to pay the indicated amount directly to the student, with the understanding that the student will immediately make payment to the University upon receipt of said payment. This form is strictly to extend the payment due date for tuition and associated fees. It is the student's responsibility to ensure that payment is made by the assigned due date.

There is a $30 fee to participate in this Deferred Payment Plan. This completed form with $30 attached should be submitted to Student Financial Services prior to your tuition due date.

AN ORIGINAL LETTER (ON COMPANY LETTERHEAD) SPECIFYING THE TERMS OF REIMBURSEMENT MUST BE ATTACHED TO THIS FORM.

QUARTER _____

STUDENT NAME (LAST, FIRST)_____ ID #_____

STUDENT PREFERRED EMAIL ADDRESS _____

STUDENT PHONE: HOME _____ WORK _____

NAME OF EMPLOYER _____

CONTACT PERSON AT EMPLOYER _____ PHONE _____

I UNDERSTAND AND AGREE THAT:

- I alone am fully responsible for full payment of all tuition and fees by the indicated due date, regardless of whether or not I receive payment from my employer.
- It is my responsibility to provide all necessary information (including grades) to my employer in a timely manner in order to ensure that payment is received by the University by the indicated due date. Failure to receive grades, passing grades, a minimum grade point average or failure to complete classes does not waive my responsibility to make payment to Seattle University by the due date.
- The University may contact my employer to determine if I am still eligible for the indicated tuition reimbursement.
- Any balance still outstanding after the indicated due date will incur a late fee of $100.00. Furthermore, if the University determines that it is necessary to submit my account to a collection agency and/or attorney, I agree that I will be liable for all collection and/or legal costs relating to the collection of any outstanding charges.
- I acknowledge having read and accepted this agreement.
- I authorize Seattle University to charge the credit card below if I fail to remit payment by the assigned payment due date. I further authorize Seattle University to charge a 2.5% credit card usage fee when processing this credit card payment.

Credit Card Number (Visa or MASTERCARD Only) _____
(12 numbers required)

Expiration Date _____

Student's Signature _____ Date _____

FOR OFFICE USE ONLY:

Amount To Be Deferred $ _____ **Payment Due Date** _____

Student Financial Services Approval _____ Date _____