



Student Accounts Office

EMPLOYER REIMBURSEMENT TUITION DEFERMENT APPLICATION

The purpose of this form is to financially assist students who will be receiving tuition reimbursement from an employer at the completion of the semester. Students may receive a maximum deferment of tuition only. All semester fees are due and payable by the semester bill due date.

IN ORDER TO BE ELIGIBLE FOR DEFERMENT OF TUITION PAYMENT, A STUDENT MUST SUBMIT THE FOLLOWING *PRIOR TO THE SEMESTER BILL DUE DATE*:

- a. This completed application form with all required information and signatures in sections A and B below.
- b. Payment for all required fees on the semester bill.
- c. Payment for any tuition amount not covered by the employer should the employer only pay a percentage thereof.
- d. All previous balances owed to Shippensburg University, and not covered by an existing tuition deferment agreement, must be paid in full;

Applications and required payments received after the semester bill due date will be subject to the \$100 late fee.

All deferments are due and payable within one month of the end of the semester or course, whichever is later, whether or not the total amount of the tuition obligation has been paid by the employer. Shippensburg University reserves the right to accept or reject any tuition deferment application. If, for any reason, a student's application is rejected, the student will be notified of the reason for the rejection.

A new application must be completed and submitted for each eligible semester.

A. TO BE COMPLETED BY STUDENT:

I qualify for the tuition benefit under my employer's policy; therefore, I request that payment of tuition in the amount of \$_____ for the _____ semester of _____ year be deferred until the end of the semester or course. I understand and agree that if, for any reason, my employer refuses payment, or if I withdraw from my classes and do not qualify for employer reimbursement, I will be responsible for the immediate and full payment of all tuition due to Shippensburg University.

Print Name of Student

Signature of Student

SU ID number

Date

SU Email address

Daytime Phone Number

B. TO BE COMPLETED BY EMPLOYER:

I certify that the above-named applicant is employed by our company/school district/organization and is eligible for tuition benefits in the amount of \$_____ for the _____ semester of _____ year.

Company Name or School District

Signature of Certifying Official

Address

Title of Certifying Official

Phone number

Date

Mail completed application to:

Shippensburg University, Student Accounts Office, 1871 Old Main Drive, Shippensburg, PA 17257