

MERCYHURST COLLEGE
Student Financial Services
Phone: 814-824-2288 Fax: 814-824-2072

Payment Plans for Deferred Tuition for 2009-2010
Must Be Completed **Annually** Prior to the Start of Classes

*Please complete both pages of this form and return to
Student Financial Services*

Indicate the term(s) you are requesting for deferred payment:

_____ Fall 09 _____ Winter 10 _____ Spring 10 _____ Summer 10

DOWN PAYMENT FOR DEFERRED PAYMENT PLAN (\$125 down payment must be submitted each term)

In exchange for deferring my tuition and fees until my grades are available, I am enclosing my term down payment of \$125 payable to Mercyhurst College. I understand that it is my responsibility to remit this down payment at the start of each term and that this down payment will be used towards any unpaid balance if the invoice is not paid by the repayment deadline as listed on the reverse side for each term. Failure to remit the down payment at the start of each term nullifies this agreement. (Reinstatement to the plan may be petitioned for upon written request to Student Financial Services. Consideration for reinstatement will only be made with a history of timely payments.)

On the reverse side is my employer's signed authorization form that proves I am eligible for tuition reimbursement. I understand that by providing this verification, I qualify for Mercyhurst College's Deferred Tuition Reimbursement Plan. **I understand that payment of tuition and fees is my responsibility and that any unpaid balance remaining after the due date listed below will be cause for a \$50 late fee and withdrawal from my classes for the following term.** Failure to pay by the deadlines is also cause for suspension of future company reimbursement privileges.

By signing this document, I agree to its terms and conditions and authorize Mercyhurst College to communicate with my employer on any questions concerning my tuition reimbursement.

Signature _____ Date _____

DEADLINES for 2009-2010

<u>TERM</u>	<u>REGISTRATION DEADLINE</u>	<u>REPAYMENT DEADLINE</u>
FALL 09	September 3, 2009	December 14, 2009
WINTER 10	December 1, 2009	March 19, 2010
SPRING 10	March 9, 2010	June 14, 2010
PRE-SUMMER 10	May 26, 2010	July 16, 2010
SUMMER 10	June 22, 2010	September 6, 2010

MERCYHURST COLLEGE
Student Financial Services
Phone: 814-824-2288 Fax: 814-824-2072

Deferred Tuition Employer Section
Must Be Completed Prior to the Start of Classes

The purpose of the deferred tuition reimbursement agreement is to allow students who receive employer reimbursement to defer payment of their tuition and fees until after grades are mailed for each trimester. Repayment deadlines are listed on the previous page. The student is responsible for securing and submitting grades and invoices to the employer.

Please Complete Both Pages Of This Form And Return To The Office Of Student Financial Services.

STUDENT INFORMATION:

NAME _____ ID# or SS# _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

EMPLOYER _____ E-MAIL _____

EMPLOYER ADDRESS _____

CITY _____ STATE _____ ZIP _____

JOB TITLE _____

I agree to pay all tuition and fees not covered by my company.

Student signature

Date

My signature below verifies that _____ is an employee of _____
_____ and qualifies for our tuition reimbursement program. Upon receipt of the final
grade our company will forward tuition payments directly to (circle one):

Employee / Mercyhurst College.

The terms of our company tuition policy are: (please specify or attach) _____

Print Company Representative's Name and Title

Phone Number

Company Representative's Signature

Date